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ABSTRACT

The report on education for behavior disordered adolescents focuses on the human resources involved. Analysis of Annual Program Plans, compliance reviews, and interviews with state officials produced findings in four general topic areas (sample findings in parentheses): supply/demand of personnel to serve the behaviorally disordered (approximately two-thirds of all behavior disordered children and youth are unidentified, but there are not enough fully qualified teachers to serve the identified students); service delivery (there is a lack of adequately prepared special education teachers in delinquent and correctional facilities); preservice and inservice training (problems in preservice training are compounded by small staffs); recruitment, incentives, and other issues (there are strongly dichotomized reactions to the notion of cross categorical or noncategorical certification as a solution to teacher shortages.) A chapter on future directions concludes the report. (CL)

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NATIONAL NEEDS ANALYSIS IN BEHAVIOR DISORDERS:

HUMAN RESOURCE ISSUES IN BEHAVIOR DISORDERS

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September 1980
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to discuss with us candidly and in detail, the intricacies of provision of services, prevalence, regulations, training and state and federal funding relative to behaviorally disordered children and youth. Their time, effort, and honesty is the flesh of this document, without which we would only have had the skeleton statistics gleaned from reports.

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Columbia, Missouri, 1980

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NATIONAL NEEDS ANALYSIS IN BEHAVIOR DISORDERS:

HUMAN RESOURCE ISSUES IN BEHAVIOR DISORDERS

CHAPTER I

INTRODUCTION

Project Overview

The National Needs Analysis in Behavior Disorders was the result of funding by the Division of Personnel Preparation, Office of Special Education (formerly Bureau of Education for the Handicapped), to the Department of Special Education, University of Missouri-Columbia. The impetus for the project arose out of continued and growing concern of professionals: parents, teachers, administrators, teacher trainers, and national leaders regarding the staggering numbers of children with behavior problems who are unserved and/or inappropriately served. Based on conservative estimates of prevalence, it would appear that some 741,000 children and youth with serious behavior disorders are not currently receiving special education. Unfortunately, the numbers of behavior disordered children and youth who are identified, but are receiving inappropriate services are unknown. The cost of special education for those 741,000 unserved children and youth is estimated at approximately $2,258,000,000. Public Law 94-142 permits a fiscal year 1982 federal allocation of up to 40 percent of the excess cost of educating these children. If Congress chooses to meet that goal slightly over $900,000,000 would need to be allocated to meet the federal share of this cost. The remaining $1,400,000,000 would have to be provided by state and local school districts. These represent conservative figures and in no way address the problem of inappropriately served children.

In addition to sheer numbers and astronomical cost, the problem of unserved and inappropriately served behavior disordered children and youth is enormously complex. Disagreement among professionals with diverse perspectives on issues of etiology, terminology, definition, identification, and intervention contributes to the general confusion and resulting lack of services to behavior disordered children and youth. Space does not permit an indepth treatment of these issues in this publication. For more detailed discussion of each of these problems, the reader is referred to the project's first document: National Needs Analysis in Behavior Disorders: A Model for Comprehensive Needs Analysis in Behavior Disorders, published in December, 1979. In addition to the discussion of the issues and their parameters, this first document described a model developed by the authors for conducting a needs analysis.

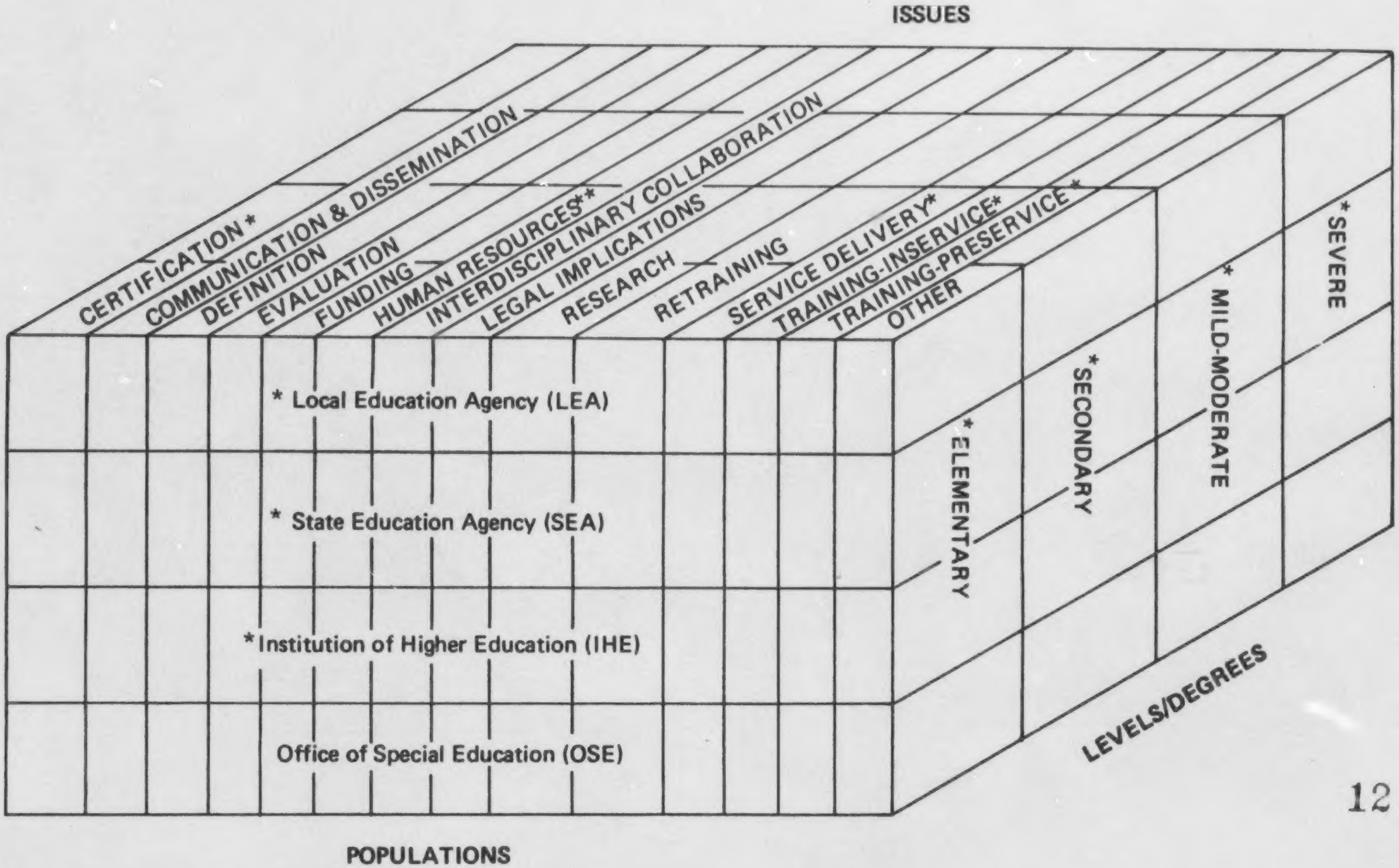
A total of four other documents have been produced as part of the National Needs Analysis project. In addition to this one on the topic of human resources in behavior disorders, two other documents have been published on the subjects of adolescent behavior disorders and severe behavior disorders. The initial publication detailed a model for comprehensive needs analysis and outlined the scope of the project's work based on that model.

The Model

While the project's first document described the needs analysis model in detail, it appears instructive to review some of that information here. Hopefully, even such a brief discussion will help place the work of this specific document in perspective.

The goal of the model's development was seen as a two-fold conceptualization of (1) the various parameters; i.e., issues, populations, levels/degrees, upon which needs analysis could focus; and (2) a process for organizing these parameters into full scale, indepth analysis of the field of behavior disorders. While the model was developed for application to the entire scope of the field, its organization allows for focusing upon smaller units or segments of this broad field. This flexibility is particularly important in light of the diversity of interests represented in the area of behavior disorders. Thus, the model facilitates approaching comprehensive needs analysis in small units without sacrificing the continuity of the broader perspective. This makes the model unusually useful as a guiding framework for numerous, indepth, organized analyses conducted by a variety of different professionals in the field of behavior disorders. In the case of this document, the element of human resources in behavior disorders was selected as the major unit of concern.

Figure 1 presents a schematic representation of the model. In order to enhance understanding, the following represents a cursory definition of the three major parameters of the model and the elements associated with each. These are presented not as definitive descriptions of the various parameters and elements, but rather as a general orientation to those components. In


ISSUES
CERTIFICATION*
COMMUNICATION & DISSEMINATION
DEFINITION
EVALUATION
FUNDING
HUMAN RESOURCES**
INTERDISCIPLINARY COLLABORATION
LEGAL IMPLICATIONS
RESEARCH
RETRAINING
SERVICE DELIVERY*
TRAINING-INSERVICE*
TRAINING-PRESERVICE*
OTHER
* Local Education Agency (LEA)
* State Education Agency (SEA)
*Institution of Higher Education (IHE)
Office of Special Education (OSE)
*ELEMENTARY
*SECONDARY
*MILD-MODERATE
*SEVERE
LEVELS/DEGREES
POPULATIONS

**Major Element of Concern in This Document
*Related Elements That Were Explored

Figure 1
MODEL FOR NEEDS ANAYLSIS IN BEHAVIOR DISORDERS

addition, whenever possible, element definitions were extracted from the Education Division General Administrative Regulations (EDGAR) as a means of insuring uniformity of terminology. In all instances, examples have been provided as a means of clarifying the nature of these definitions. A double asterisk (**) indicates the major focus of this document; a single asterisk (*) indicates the related elements that were explored.

Major Parameters

Issues:	Conceptual components within the field of behavior disorders which are sources of incomplete or conflicting information.
Levels/Degrees:	The age of the individual with behavior disorders and the severity with which that disorder is manifest.
Populations:	Those public agencies (local, state, and national) under legal mandate to assume primary responsibility for the education of behavior disordered children and youth.

Populations

*Local Education Agency:	A. A public board of education or other public authority legally constituted within a state for either administrative control or direction of or to perform service functions for public elementary or secondary schools in - (1) a city, county, township, school district, or other political subdivision of a state; or (2) such combination of school districts or counties as a state recognizes as an administrative agency for its public elementary or secondary schools, or

B. Any other institution or agency that has administrative control and direction of a public elementary or secondary school. This includes public schools, state operated and/or state supported facilities, facilities for neglected and delinquent, intermediate school districts and private facilities.

C. The term also includes any other public institution or agency that has administrative control and direction of a vocational education program.

*State Education Agency:	The state board of education or other agency or officer primarily responsible for the supervision of public elementary and secondary schools in a state; e.g., State Department of Education, State Department of Public Instruction, State Department of Elementary and Secondary Education. In the absence of this officer or agency, it is an officer or agency designated by the governor or state law.
*Institutions of Higher Education:	Institutions of higher education including all those that provide training programs in the area of behavior disorders.
Office of Special Education:	Office of Special Education with particular emphasis upon the Divisions of Personnel Preparation, Assistance to States and Innovation and Development.

Levels/Degrees

*Elementary:	Those students enrolled in programs from pre-school through grade six.
*Secondary:	Those students enrolled in programs from grades seven through twelve.

*Mild-Moderate:	Those students whose educational programs require a moderate degree of control from outside of regular education and whose intervention programs are mildly to moderately intense in nature.
*Severe:	Those students whose educational programs require a high degree of control from special personnel outside of regular education and whose intervention programs are extremely intense.

Issues

*Certification:	State standards for educational personnel in behavior disorders; e.g., differences in degree, level and categorical vs. cross-categorical or non-categorical.
Communication and Dissemination:	The flow of information among the various target populations regarding the issues and levels/degrees; e.g., dissemination of existing data, and communication of priorities.
Definition:	Criteria for determining eligibility for services in behavior disorders; e.g., differences in degree, level, and categorical vs. cross-categorical or non-categorical.
Evaluation:	The evaluation of all relevant parameters of each of the identified issues; e.g., impact, effectiveness, and appropriateness.
Funding:	Financial resources available to the various target populations; e.g., Public Law 94-142, Public Law 89-313, state and local reimbursements.

*Human Resources:	Quantity and quality of personnel serving children and youth with behavior disorders; e.g., current numbers, projected need, attrition, placement, and numbers of children served.
Research:	Investigation of the major concerns in the area of behavior disorders; e.g., current efforts, needed directions, and quality.
Retraining:	Programs providing additional training for teacher educators, state department consultants, and other leadership personnel currently working in the area of behavior disorders.
*Service Delivery:	All models, programs or services of any type to students who have been identified as behavior disordered; e.g., consulting teacher, itinerant teacher, resource room, self-contained room, institution, and detention center.
*Training-Inservice:	Programs providing additional training for educational personnel involved in service delivery programs in behavior disorders, including regular and special class teachers and administrators.
*Training-Preservice:	Programs designed to prepare educational personnel in the area of behavior disorders; e.g., undergraduate, Master's, specialist, doctoral, certification only.
Other:	Any other issues that are generated by various populations which reflect major concerns for which data should be analyzed in order to assist future planning and implementation.

In summary, as indicated on the model and the ensuing definitions, this document, devoted to human resources in behavior disorders, focuses upon the following elements:

Issues: certification, service delivery training-inservice, training-preservice

Populations: local education agency, state education agency, institutions of higher education

Levels/Degrees: elementary, secondary, mild/moderate, severe.

Specifically, among the issues this document explores are the following ones: (1) number of people certified in behavior disorders; (2) the quality of certified persons; (3) current need for teachers and administrators; (4) future needs for those personnel; (5) types and number of service delivery models being used to provide education to all levels and degrees of behavior disordered children and youth.

Data Collection

Following the model development, the selection of the major elements (severe, adolescent, and human resources), upon which to focus the project's work and determination of the related intersects of each element to be explored, it was then necessary to identify within each intersect the specific information to be collected and analyzed. For example, at the human resources/local education agency/severe intersect it appeared appropriate to look at information on the numbers of teachers that local education agencies employ in programs for severely behavior disordered students. Also relevant was the number of such teachers needed and the types and number of ancillary personnel involved in service to severely behavior disordered children and youth. In other words, after determining the various intersects, it was necessary to delineate information associated with each intersect and to generate a set of questions that could guide the collection of data for subsequent analysis.

As one might anticipate, there are instances of overlap of information which facilitate analysis. For example, when looking at the human resource issue in behavior disorders, it was decided to analyze that issue across all levels/degrees as well as across local education agencies, state education agencies, and institutions of higher education. Accordingly, one intersect examined was human resources/local education agency/severe. Similarly, it was decided to analyze the severe degree across all populations and across the issues of certification, definition, interdisciplinary collaboration, human resources, service delivery, training-preservice and training-inservice. This, of course, yields information regarding the previous intersect: human resources/local education agency/severe.

When all selected intersects had been examined for the relevant information and all necessary questions had been posed to guide data collection, the task became one of determining the source(s) from which to gather those data. It is appropriate to note that the intent of the project was not to generate new data, but to collate, analyze, and disseminate data from existing sources, hence, the emphasis on needs analysis rather than needs assessment.

The task of determining the sources for data collection was resolved by the development of a three-pronged approach. The first step was national level collection. In this phase information was collected from agencies that are national depositories of information for states. Prominent among these was the Office of Special Education (OSE). The Divisions of Personnel Preparation (DPP), Assistance to States (DAS), and Innovation and Development (DID) were utilized extensively. Within DPP compilations of all funded programs were examined and each was contacted to determine those funded programs which had training or inservice components specific to behavior disorders. From DID information was gathered on all federally funded model programs, early childhood programs and research that related to behavior disorders.

The most extensive data were collected from a variety of sources within DAS. Public Law 94-142 requires that each state submit to DAS a plan for educating the handicapped children within the state. Called Annual Program Plans (APPs), these documents provided data on numerous topics, including: numbers of children identified and served; numbers of teachers and support personnel currently employed and projected need of same; a plan for a comprehensive system of personnel development (CSPD); child find procedures; and policies related to due process, free appropriate public education (FAPE), and least restrictive environment (LRE), etc. Many APPs go beyond the basic requirements and include copies of state regulations, dollars spent, topics for inservice, etc. The project staff examined 1979 and

1980 Fiscal Year APPs for all 50 states and five territories. Additionally, some Fiscal Year 81-83 APPs have been examined. The method by which DAS staff monitor states to insure compliance with Public Law 94-142 is the Program Administrative Review (PAR). These reports are the results of site visits by teams to the state to determine the procedures and services in place and the compliance of those procedures and services with federal regulations. These PARs include data on state policies, service delivery, evaluation, etc. At least one PAR for all but 6 states was examined (Fiscal Years 1977, 78, 79, 80) for data relevant to the project's work. Also of value were the End of Year Performance and Fiscal reports which summarize data on number of children served, numbers of personnel involved in that service, and state expenditures for both Public Law 94-142 and Public Law 89-313. In addition to the Office of Special Education, agencies such as the National Association of State Directors of Special Education (NASDSE), the National Institute of Mental Health (NIMH), the National Association of State Training Schools, and the National Center for Education Statistics (NCES) were sources of information.

Following the collection of data on a national level, the second step was to "get behind" those statistics and reports by visiting states to gain an understanding of the quality, source, and interpretation of the information. Six states were selected for direct contact. These states were chosen in an effort to insure adequate representation of the following four relevant variables: (1) urban/rural populations, (2) categorical/

non-categorical special education philosophies, (3) varying types and levels of mental health and correctional services, and (4) each of the four categories of "percent of population served in seriously emotionally disturbed programs" as delineated in the Bureau of Education for the Handicapped's (now OSE) 1979 Implementation Report to Congress; i.e., 0.0-0.55, 0.56-0.99, 1.0-1.99, 2.0-3.14. The states selected were: Connecticut, Delware, Iowa, Massachusetts, Michigan and Wisconsin.

Within each state, contact was made with numerous people from varying perspectives relative to behavior disordered children and youth. These perspectives included: state education agencies (SEAs); local education agencies (LEAs, including intermediate school districts, and area education agencies); institutions of higher education (IHEs); mental health and corrections (including divisions of youth services, and division of training schools). Across all six states the approximate number of people with whom the project personnel met and their approximate job roles (not necessarily titles) are as follows:

1. State directors of special services - 4
2. Comprehensive System of Personnel Development (CSPD) coordinators and/or SEA inservice coordinators - 4
3. Persons responsible for writing the states' Annual Program Plans or oprtions thereof - 5
4. Behavior disorder consultants for the state education agency - 2
5. Other state education agency staff - 13
6. Representatives of divisions of mental health - 8

7. Representatives of divisions of corrections or youth services - 8
8. Supervisors of behavior disorders programs for public school districts - 23
9. Principals - 3
10. Social workers - 2
11. Classroom teachers of behavior disordered children and youth - 7
12. Bilingual specialists - 2
13. Residential program supervisors - 4
14. Other local education agency staff - 12
15. College or university faculty - 22 (representing 15 separate programs).

In total more than 100 people from this phase alone were interviewed at length and indepth concerning the issues related to providing education to behavior disordered children and youth.

The third phase of data collection involved an examination of the most relevant reports, research, books, and newsletters that were available relative to the main elements selected. Included in this effort was review of the Education for the Handicapped Law Report, state regulations, scores of published and unpublished reports, research, policy papers, and court decisions.

The result of the integration and synthesis of the data from each of these three steps has been recorded and discussed in four documents, this and three others. These four publications comprise the dissemination component of the project's work to individuals involved in some capacity with behavior disordered children and youth.

Qualifiers

1. One of the acknowledged concerns of this project has been the quality of data examined. It is readily recognized that the data available are most often not uniform and often of questionable reliability. An example of this is the data available in Annual Program Plans which indicate a state to be fully serving all of its handicapped children. Even cursory perusal of the other conditions in a state (personnel shortages, provisional certification, actual practice in LEAs, etc.) show clearly that this is not usually the case. There are a variety of reasons that the available data are so poor. Prominent among these are:
    (1) Much vital data are simply not collected as a result of: (a) ignorance of the necessity, (b) personnel shortages, (c) inadequate funding for data collection.

    (2) Data collected are often inaccurate as a result of: (a) gaps in information, (b) misrepresentation, (c) lack of clarity in the directions on national reporting forms.

    (3) Data that are collected are often in different forms across states and across agencies within a state thus making comparisons difficult.

Realistically, one of the goals of this project has been not only to examine the implications of the data as they exist, but also to explore problems inherent in that data. Hopefully, such an examination may provide direction for future data collection as well as for implementation of change based on the data.

2. To avoid the inadvertent narrowing of focus that terms such as schizophrenic, juvenile delinquent, or emotionally disturbed may produce, this and the other project documents use the term "behavior disorder." It is felt that this term, because of its broad scope, conceptually encompasses all the various types and manifestations of problem behaviors that necessitate professional attention. Such a broad conceptual base is a must for a thorough understanding of the model and the project's work. This qualifier is academic in the sense that any term used in seeking information about this population will not be universally understood or accepted. In fact, in this document and the one on adolescent behavior disorders, definition is a major concern.
3. While the broad spectrum of problem behavior is the perspective from which the model and the project was conceptualized, two more narrowly defined groups are the populations upon which data for this project are based. These groups are: (a) the seriously emotionally disturbed population that is legally defined by the implementing regulations of Public Law 94-142 and those

seriously emotionally disturbed children that are served in the state operated/state supported facilities for the handicapped (Public Law 89-313)* as well as in facilities for the neglected or delinquent (Public Law 93-380);** and (b) the educationally identified behavior disordered children in need of special educational services. The rationale for this more circumscribed focus lies in the fact that children and youth so defined are the legal responsibility of state education agencies, local education agencies and other state agencies. However, under Public Law 94-142, the state education agency bears the primary responsibility for assuring receipt of special education services to this population regardless of service delivery environment. Furthermore, considering the proportion of time per day that a child is in contact with the educational services provided by those agencies, such a focus reflects what is potentially a significant impact on a child's life. However, the project staff feel that future areas of exploration must include the relationship and interaction of local and state educational agencies with other service agencies and the role of the school in the resolution of non-school problems which affect the education of children. Such problems might include the degree of parental involvement and the need for foster care or other alternative living situations. It is, therefore, this project's intent to deal with data from legally mandated educational sources while maintaining a perspective on the broader service environment of which that data are a vital part. Therefore, it is necessary to recognize that the perspective of legally mandated sources may or may not reflect views as perceived by non-mandated sources.

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*Public Law 89-313 sets forth regulations for state agencies seeking federal dollars to assist programs for handicapped children in facilities that are operated and/or supported by the state. Examples of such facilities include: residential care for the severely and profoundly handicapped, mental health facilities, etc.

**Public Law 93-380, among other things, sets forth regulations for state agencies seeking federal dollars to assist programs for children and youth who are committed by a state judicial system to state facilities for delinquent youth, to adult correctional facilities, or to facilities for neglected youth. It also includes facilities for such children and youth who are awaiting court decision and not finally adjudicated.

4. State level data collection was limited to six states. While virtually all of the concerns voiced in this document were confirmed across most or all of those six states, they cannot be conclusively assumed to represent all 50 states and 5 territories.

5. Throughout this document numerous references are made to various statistics, consensus opinions, and interpretations. Due to the project's effort to gather data reflective of actual practice and real problems, it was determined to exclude any site-specific references in order to assure access to such data. For that reason, information gathered from and about states is not footnoted. The reader is referred to the references at

the end of this volume for a listing of the general sources of information.

6. As previously discussed in the section on the model, this project's efforts reflect information relative to the specifically selected intersects. Those, however, are only one part of a total analysis of the field. The numerous remaining pieces are open to investigation by other professionals in the field. It is through such a combined effort that a complete picture of the needs of the area of behavior disorders may be addressed and hopefully met.

CHAPTER II

SUPPLY/DEMAND OF PERSONNEL TO SERVE THE BEHAVIORALLY DISORDERED

In addition to teachers, behavior disordered children and youth are served by a wide range of administrative and ancillary personnel. However, the bulk of educational contact with and service delivery to these children is provided by the teacher certified in behavior disorders. This chapter deals primarily with issues related to teachers. Later chapters will contain discussion on the roles and issues related to ancillary personnel and administration. In this chapter it is necessary to first examine the prevalence issue. How many behavior disordered children and youth are there? How many are identified? That discussion is followed by an analysis of the number and quality of teachers available to provide services to those children. The problems of attrition and burnout will be addressed as well as the effect of those phenomenon on different service delivery environments. Finally, this chapter will explore some certification adaptions that attempt to respond to the problem of teacher shortages.

Prevalence Issue

The expected prevalence of behavior disordered children and youth has been a topic of controversy since the inception of education programs for the population. Prior to Public Law 94-142 the discussion was primarily focused in academic environments. Research was done, literature reviewed, findings published, and still estimates varied from 1 percent through 35 percent. With the advent of Public Law 94-142, the issue became an extremely heated one based on the hard economics involved in providing specialized education to behavior disordered children and youth. The Office of Special Education (formerly the Bureau of Education for the Handicapped) established a conservative figure of 2 percent as the expected prevalence of behavior disorders (defined as seriously emotionally disturbed in the regulations to Public Law 94-142) in the school population. Despite the decidely conservative nature of that estimate, only two states out of the fifty states and five territories include 2 percent or more of their school population in their child count of the behavior disordered. Nationally, .56 percent of the school population are being counted. That leaves a conservative estimate of 1.44 percent of the school population that are in need of identification and services for behavioral problems, but are not receiving them.

The picture is grim from two perspectives. Even if 2 percent represents all of the behavior disordered children and youth in need of special education services nearly 3/4 of those students are not identified or receiving help. In the likely event that more than 2 percent of the school population is in need of special education as a result of behavior problems, the numbers unserved became even more alarming, as does the projected cost for serving the presently unserved population. Chapter I of this document briefly deals with this cost issue.

The national breakdown of prevalence figures follows:

Service range as a percent	Number of States
0 to 0.55	35
0.56-0.99	9
1.00-1.99	4
2.00-3.14	2

These figures are for the 1977-1978 school year and are reported in the 1979 BEH Implementation Report to Congress. Despite the fact that three years have since elapsed, there is no evidence to indicate that the percentages being served have increased since that time. Review of the 1980 and 1981-83 Annual Program Plans (APPs) does not indicate substantial increases. Moreover, the state visits conducted by the project did not find overall increases. Thus, although state counts fluctuate slightly each year, considerably more than half of the 50 states are counting one half of 1 percent or less of their school population in the child counts of behavior disordered. Forty-four of fifty (44/50) states serve less than half of the expected prevalence rate. Therefore, by even the most conservative estimates the goal of full service for the behavior disordered is far from being met.

The fact that a discrepancy exists between estimated prevalence and actual service delivery is not under much, if any, discussion. What is open for speculation is why this discrepancy exists. In each state that the project visited the question regarding reasons for the state's discrepancy was asked of SEA, LEA, IHE, mental health and corrections personnel. Several explanations were repeatedly offered or hypothesized. In addition to collating often repeated explanations, the project attempted, where possible, to follow up those comments by checking any available data that might or might not support the suggestions.

Possible explanations for prevalence discrepancies. Below are listed (numbered) the most often repeated explanations for the prevalence/service discrepancy. Each of these is followed by comments or reactions (indicated by letter) from the project based on data collected.

1. Urban/rural distinctions. Many professionals felt that the state's overall service percentage was low as a result of urban/rural discrepancies. That is, while many of the urban areas in a state were serving at or near 2 percent of the school population in programs for the behavior disordered, most rural areas were far below that figure, many serving virtually no "officially" identified behavior disordered children and youth. Thus, where the state population figures for urban/rural are combined the overall state service percentage is very low.

1a. There may be some validity in this conclusion in that a reoccurring problem in all states is the lack of services provided in remote and/or rural areas of a state. Since services and personnel are not readily available, children are simply not identified as needing those services. However, it does not appear possible that this factor alone, or even primarily, can account for the discrepancy. Examination of prevalence data on a county-by-county basis reveals that while some urban areas serve at or near 2 percent, others serve substantially less, often no more (percentage-wise) than the rural areas. Further, many states which are highly urban (California and Maryland, for example) are in the lowest service range while one of the most rural states (Utah) is at the 3 percent level. In one state where it was possible to compare service percentages on a district-by-district basis, the reasons given for the range (0 percent-6 percent) were extremely idiosyncratic. In one high socioeconomic status (SES) district, well-informed parents pressured schools to provide services, in another high SES district, equally well-educated parents felt that the label was a great stigma and resisted identification. In one low SES district lack of services were "blamed" on unresponsive parents while in another low SES district behavior disorders programs were dumping grounds for all manner of "undesirable" students. One highly industrialized district had programs as a result of high tax income, etc. In other words, there did not appear to be discernable patterns in the service range discrepancies. It appears that whatever contribution the urban/rural dichotomy may make to service discrepancy figures, it is minimal in terms of an explanation as to why so many children appear to be unserved.

2. Elementary/secondary. Many persons voiced the belief that their state was servicing at or near the expected

prevalence figures at the elementary level, but were so far below expected prevalence at the secondary level that the overall state figure was low.

2a. Examination of state figures for elementary and secondary children and youth served does not bear this out. In fact, states are surprisingly similar in their elementary/secondary split. Forty-five to sixty percent of the behavior disordered students appear to be identified at the elementary level while 40 percent to 55 percent are secondary students. In the early 1970's this was roughly equivalent to the overall distribution of the school population. In recent years the percentage has shifted slightly toward secondary aged students. However, the general discrepancies are not large enough to account for the specific discrepancy in identified behavior disorders. There does not appear to be a significantly lower percentage of adolescent behavior disordered youth identified than elementary behavior disordered children.

3. Broad definition, tight label. Personnel across all states discussed at length the sense of frustration felt with the label and definition used in the regulations to Public Law 94-142. While the definition itself appears broad and flexible in application, the label "seriously emotionally disturbed" has a tone and perceived set of limitations that are much narrower. Further, the regulations specifically exclude the

socially maladjusted from the label. Pressures on districts to provide services to so many have caused the states to deliberately choose the tighter focus of the label and exclusionary clause. In that manner it is possible to "legally hold down" the number of children districts are responsible for serving in special education.

3a. There is some obvious truth to this explanation. Virtually all administrators concurred: the more children identified, the more district and state responsibility that is incurred. It is felt that any gains in terms of financial assistance is offset by a greater financial commitment and an already overburdened administrative and delivery system. However, there is, again, a qualifier on the extent to which this "restriction of focus" can be used as explanation for such large prevalence/service discrepancies. Some states do not use the term seriously emotionally disturbed, but rather use a broader term, such as behavior disorders. Further, some states' definitions are written so as to effectively include the socially maladjusted under the label. It would be expected, then, that in light of the above explanations, these states would be identifying more children and youth than the states with the "tighter focus." Examination of the states' labels and their respective service percentages does not support this assumption; that is, these states do not, as a group, display higher percentages of prevalence than do states using labels like seriously emotionally disturbed or emotionally handicapped.

4. Limited fiscal resources. Tied very closely to the above explanation of districts deliberately using a very "tight" focus on behavior disorders is the explanation of limited fiscal resources. Most districts appear to feel overwhelmed and/or frustrated by the ever-expanding demands on finite resources. By narrowing the behavior disordered population that is identified, it is also possible to "hold the line" on financial resources expended for that population.

4a. There appears to be a lot of support for this as one explanation of the prevalence/service discrepancy. The cost of providing special education to the behavior disordered child and youth in the public schools is estimated to be three and one-half times greater than the cost of non-handicapped children. In special schools or residential placements cost may range from $2,000-$50,000 a year. These represent significant financial commitments on a district's part. Further, the dollars appropriated by Congress have been far below the approved levels. Most states would not receive substantially more federal dollars if they doubled the handicapped population now served. Essentially, districts feel that an increased percentage of identified behavior disordered children is an extreme burden. That fact, coupled with the concomitant problems of teacher shortages, program quality, and parent resistance do not provide incentives to increase the identification of children and youth in need of special education for their behavior problems.

5. Screening and diagnosis. Finally, an often cited explanation focused on problems inherent in screening and diagnosing this population. The idea was presented that states may have low prevalence figures because of inadequate screening procedures for this population. However, this is seen primarily as a function of an inadequate "state of the art" as opposed to poor or ignored screening processes. The diagnostic issue is two-pronged. Many feel that there are not adequate diagnostic techniques for this population. Given that, districts are hesitant to become vulnerable to due process procedures because they have no "score" which "proves" that a child is behavior disordered.

5a. Again, this explanation appears to be only one small component of the prevalence/service discrepancy problem. Screening presents unusual problems in the area of behavior disorders. Probably more than any other handicapping condition, behavior disorders are greatly affected by environment. Thus, children identified as "high risk" in one environment might not appear so if screening were done in another school environment. Coupled with the usual developmental issues and the dearth of easily administered, standardized screening devices for this population, systematic screening seldom occurs for this population. However, it should also be pointed out that there is some feeling in the field that screening is not a necessarily desirable activity as related to behavior disordered children and youth. The expectation of deviant behavior is often all that is required for it to become a reality in the school environment. Further, given the nature of behavioral problems, they should be "treated" as they arise and not (1) waiting until high risk behavior turns into full-fledged problems or (2) labeling children too soon based on anticipated behaviors. It is a tricky, round-robin problem and not surprising that public schools shy away from it.

Diagnosis presents similar problems. It is true that no test or battery of tests will unequivocally prove a child to be behavior disordered. However, districts with a commitment to the area of behavior disorders have been successful in drawing up a set of tests, observations, and procedures that demonstrate a consistent, well conceived approach to identifying students who need special education as a result of behavioral problems. Further, parent involvement in the screening through placement activities insures informed progress. These districts find themselves adequately "protected" from excessive hearings and court cases by virtue of carefully considered, fairly executed, and consistently applied standards. It appears that the demand is not for absolute knowledge, but rather for conscientious consideration and fair execution of existing knowledge.

Project conclusions. After reviewing data and conversations with national sources as well as state visits, it appears accurate to say that behavior disordered children and youth are underidentified. It does not appear to be, as some states are now maintaining, that the 2 percent prevalence figure is simply too high. Rather, consensus across virtually all personnel interviewed is that large numbers of behavior disordered children and youth are unidentified and not receiving special educational services for their handicap. (A further support for this assertion comes from districts themselves who are serving all identified behavior disordered children, but readily indicate that if another behavior disordered classroom opened tomorrow there would be more appropriate identified students to "fill" it.) The reasons proffered by those in administration and service delivery for this discrepancy are clearly not sufficient explanations.

The difficult part of this phenomenon is that the reasons for it are not clear cut. Rather, they are interrelated, circular, and often based on perceptions that are not an accurate reflection of factual evidence. There is a widespread uneasiness concerning behavior disordered children and youth. In general, district and building administrators feel that programs for such students and the students themselves are fraught with problems. These problems include: (1) behavior disordered students are often school "rule breakers" and, like most aversive stimuli, are more comfortably ignored between rule-breaking events; (2) in addition to the usual administrative difficulties relative to space and dollars, there is often confusion and contradiction surrounding the identification process; (3) teachers are in short supply which places pressures on administrators with "X" number of identified students to be served by September 1; (4) there is a perception that the overall quality of teachers for behavior disordered programs is poor and that classrooms will continue to consume administrative time and energy; (5) there is little faith in the reintegration process, that is, even with well managed classrooms, students moving back into the mainstream are not returning free of difficult behaviors, i.e., "cured"; (6) parents are often resistive of behavior disorder placements and uncooperative following placement; (7) one or two behavior disordered students can create havoc on a school bus, an entire bus of them can be an unmanageable proposition, i.e., transportation concerns are multipled with behavior disordered children and youth. There are other concerns, but these represent the major ones and are sufficient to make the point. The individual problems may have relatively more or less weight in any given district, but the overall effect of some combination of them is the same. For an interrelated maze of reasons, there appears to be a general aversion to actively seeking out and progressively planning for behavior disordered students. The perception is that more behavior disordered children and programs equal more, not less, problems.

There are any number of concurrences and contradictions that might be epxressed toward each of these concerns. The fact remains that if these concerns are so perceived, they act as deterrents to planning. Vague interrelatedness of these concerns in administrative thinking makes it difficult to change attitudes or behaviors quickly.

Hopefully, rebuttals and/or solutions to some of these problems are included in this project's publications. Obviously this is only a partial response to some issues. It is felt, however, that movement toward some assistance to districts relative to teacher quantity and quality will be a valuable first step. Administrators point out, understandably, that there is great difficulty in finding enough teachers (especially qualified ones) to serve the currently identified one-half of 1 percent. What chaos would result if a full 2 percent were identified?

In summary, then, the project's investigation of the discrepancies between the estimated national prevalence of behavior disordered children and youth and the current national prevalence rates indicates that there are, in fact, large numbers of unidentified behavior disordered students. Further, it is likely that at least one-half to three-fourths of this population is unidentified. The reasons for this lack of identification go beyond economics to a rather common administrative aversion to the population and uncertainty concerning child find through placement processes (child find, screening, diagnosis, eligibility, IEP, programming, and LRE). It is felt that some concrete movements by the SEAs and LEAs in regard to increased teacher quantity and quality will function as major steps in the process of altering both the negative set and the actual deficits in service delivery to behavior disordered children and youth.

Estimates on Unserved and Inappropriately Served Behavior Disordered Children and Youth

There are three groups of unidentified behavior disordered children and youth. One is the unidentified/unserved, another is the identified/unserved, and finally the identified/inappropriately served.

Unidentified/unserved. As previously discussed at length, on a national level it is possible to conservatively estimate that one-half to three-fourths (some 740,000) of all behavior disordered children and youth are unidentified and, therefore, unserved in terms of special education services. Although dollar estimates have been made relative to the cost of educating these 740,000 children and youth (see Chapter I), estimates have not been made relative to the number of certified teachers that would be necessary to provide the services to these children and youth. Except as a measure of long-range planning for personnel development (to be discussed in later chapters), the figure would have little practical value. The estimates of teacher need that states project is relative to the identified/unserved group to be discussed momentarily.

A component of the national figures estimating unserved students is a phenomenon related to unidentified students unaffectionately known as "delayed identification." Across all states, personnel interviewed expressed concern that large numbers of behavior disordered children in their state were going unserved. Often cited as a major obstacle to determining the size of the problem is the fact that as of September 1, 1980, federal law mandated that all identified handicapped (3-21 years of age) must be served. Local education agencies and state education agencies are understandably concerned, therefore, about identifying more behavior disordered children and youth than their service delivery systems can accommodate. Many state and local people felt that identification (referral) is being delayed for many children until a program "space" becomes available. In that manner there are no waiting lists of identified but unserved children and youth. One of the states visited has survey data to this effect, i.e., as soon as new programs are made available, there are behavior disordered children immediately ready to fill them. While it may be understandable that states do not wish to compile lists of activities that show them to be in non-compliance with Public Law 94-142, there are some serious problems with "delayed identification." Notable among these is the fact that, without documented need, it is difficult to obtain funds for educational services, and it inhibits planning in the area of personnel development.

Identified/unserved. It is virtually impossible to accurately assess the numbers of identified but unserved behavior disordered students. Only one of the six states visited had current figures on the subject. Another had slightly dated estimates. Those figures suggested that from 10-14 percent of the identified behavior disordered students were not receiving special education services. Many of those were not receiving services due to parents refusal to allow placement. This factor appears to reduce that unserved number by half, leaving 5-7 percent. The 5-7 percent figure is deceiving in that it appears small and rather insignificant. However, when considered in light of the fact that it represents 5-7 percent of the identified behavior disordered population and that figure is representing only from one-fourth to one-half of the national prevalence estimates, the numbers behind those percentages take on more alarming proportions.

Identified/inappropriately served. Although there are any number of ways to provide inappropriate services to behavior disordered children and youth (or any student) the term is used in this chapter to describe services provided to behavior disordered students by less-than-fully certified teachers. Undoubtedly there are some excellent teachers of the behavior disordered who are provisionally certified and are providing appropriate services to their students. However, there is strong sentiment in the field that the large numbers of less-than-fully certified teachers are reducing program quality and causing serious repercussions in the total scheme of services. This issue will be discussed at some length in the next section.

Teacher Certification

Teacher supply vs. demand. There is widespread concern that there simply are not enough certified teachers for behavior disordered children and youth to fill the positions created by the increased identification of these students which has occurred since the passage of Public Law 94-142. This concern is expressed for the current identification rate. If, in fact, the remaining one-half to three-fourths of these students were identified for services the shortage of teachers would be critical. Under current conditions the problem is extremely serious in many areas, especially in rural locations and correctional facilities.

The expectation is that the problem of a shortage of qualified teachers manifests itself as unfilled positions which requires administrators to fashion "make-do" special educational services for the students originally assigned to the program. This scenario does occur in some cases. However, the more likely and more insidious manifestation of the shortage takes the form of: (1) "delayed identification" and/or (2) utilizing teachers with less than full certification in the area of behavior disorders. The former problem was discussed in the previous section of this chapter. It appears that so long as states experience shortages of teachers, the practice will continue.

When states project the number of teachers needed, they do so by looking at the number of behavior disordered children and youth that are currently identified and perhaps allow for a small percentage of program growth. From this figure the total number of teacher positions can be estimated. By subtracting from that figure the number of currently employed teachers plus the usual attrition rate for that state, the figure remaining is the number of certified teachers needed, i.e., yet to be hired for the coming school year. Seldom are there enough available certified teachers for all the vacancies.

If we look at teachers needed as a percentage of the optimal number of teachers (i.e., those available and those needed) it is possible to make some comparisons across states. National figures indicate a 6 percent to 90 percent range in the percentage of teachers needed. In the states visited the shortage of teachers for behavior disordered students in 1978-79 ranged from 5 percent to 50 percent. Though the range is large, the majority fell in the 25 percent to 40 percent range. Thus, each year the number of needed teachers is often from one-fourth to two-fifths of the total behavior disorders work force needed. For the 1979-80 school year and subsequent years through 1983, the percentage (not just numbers) continues to rise. That is, increased demand coupled with attrition is keeping ahead of supply.

Additionally, a recent survey conducted by the National Manpower Planning Project, University of Missouri-Columbia, supports these data. Of 38 responding states, 30 indicated that the demand for behavior disordered teachers exceeds the supply. Only one state indicated an adequate supply. Further illumination of the scale upon which the demand for teachers of the behavior disordered is out stripping teacher supply is provided by the National Association of Placement Personnel. In a recent study, they examined, via a regional breakdown, the demand for teachers of the behavior disordered, expressed on a scale of 1 to 5 with 5 representing the greatest demand. Ten of eleven regions within the United States displayed a 4.0 or greater rating as a measure of the demand for teachers of the behavior disordered. Six out of eleven regions rated the demands as 4.67 or greater (with four regions testing 5.0). Looking at the same data across years, the overall demand for behavior disordered teachers was: 1978 - 3.96; 1979 - 4.22; 1980 - 4.36. As a field we seem to be losing on the problem as opposed to gaining.

While it is true that states do not have enough fully certified teachers of the behavior disordered, it is not true that those positions usually remain vacant. Most likely the positions are filled with less-than-fully certified teachers. Thus the real problem of teacher shortages expresses itself in the form of the less-than-fully certified teacher.

Type of certification. In the states visited and according to federal reporting by other states, a surprisingly low number of behavior disordered children and youth are being served by uncertified personnel, e.g., persons not certified in behavior disorders. Although it is an often cited compliance problem in PARs, this appears to stem primarily from the ease with which such information can be obtained. Overall there are not large numbers of uncertified people in the states' service delivery system for the behavior disordered. These numbers are, however, very misleading. While state statistics may show that all but one or two teachers of behavior disordered students in a given facility or district are certified, inspection of the type of certification held is the real issue. All states carry some provisions in their laws which allow for "temporary" or "provisional" or "emergency" certification. Requirements for obtaining such certification vary widely. In some states a relatively strict code may require that a person have some course work in behavior disorders (plus other requirements) in order to get a temporary certificate. In other states it is possible to obtain such a certificate without even having a regular education teaching certificate.

Service delivery environments in states visited showed a range of 0 percent to 80 percent of the teachers as temporarily certified. One state's figures indicated that nearly one-fourth of all new certificates issued were of a temporary nature. Most states showed a statewide percentage of temporary certification of 20 percent to 50 percent with vast differences from district to district and facility to facility. Thus, in order to look at the overall quality of certification of personnel involved with behavior disordered students it is necessary to peruse data on types of teaching certificates.

While the problem exists in public schools, most particularly in rural areas where trained personnel are fewer, the most common use of temporary certification is in mental health and youth correction facilities. The reasons for this phenomenon are varied. In some places hiring systems assure continued employment to teaching staff hired prior to Public Law 94-142 requirements. That staff, for whom behavior disordered certification was not a requirement when hired, can maintain their positions by "working toward" a behavior disorder certification at the rate of 3, 6, or 9 hours credit per calendar year. In a given facility, for example, it is possible to have all of the teachers working with severely behavior disordered adjudicated youth on a temporary certification, renewable each year as long as progress continues toward a degree. In some states, particularly those with serious personnel shortages, these facilities find themselves faced with large numbers of temporarily certified staff due to staff attrition, specifically certified persons taking higher salaried jobs in public school positions as well as due to "grandfathering." This is particularly distressing to institutions committed to improved quality who use money incentives to encourage their staff to work toward full behavior disordered certification and then lose them to public schools when they achieve that full certification.

The position taken by state education agencies and local education agencies on this issue is dichotomized. Some persons feel that temporary certification is the only vehicle for getting a comprehensive statewide service delivery system in place. Given the current and ongoing shortage of behavior disordered certified teachers, it is necessary to use temporary certification to get programs in place. Once programs exist, then states can continue the slow process of training and hiring fully certified teachers. (Most state training institutions combined are providing 1/5 or less of the needed teachers each year for their state.) Proponents of this position also argue that many of the temporary certificates go to quality people whose background is appropriate to the population with whom they work.

Other state and local personnel have taken the position that large numbers of temporarily certified teachers lower the overall quality of services to behavior disordered children and youth. Further, the problems encountered offset any advantage in getting the appropriate number of programs in existence sooner. They feel it is preferable to build service delivery programs only at the rate that strong (certified) teachers are available to teach them.

There is, of course, merit in each position. However, there is increasing pressure to assume the former stance by virtue of the September 1, 1980, deadline for services to all handicapped children. If massive numbers of temporarily certified persons are needed in order to keep a state at compliance levels and, therefore, not jeopardizing federal funds, then that will continue to be a pattern and will most likely increase over the 81-83 fiscal years. Not withstanding the probability that the pattern is increasing, most state personnel, whether they resist the move or embrace it as a realistic necessity, feel that it lowers the quality of service delivery to behavior disordered children and youth and creates credibility problems with regular education and parents.

These figures represent all of a state's certified behavior disordered teachers. If the data were broken down by public school, mental health facility and youth correction facilities the percent less-than-fully-certified in public schools would be lower and the percent of less-than-fully certified in mental health and youth correctional facilities would be much higher. If the data were broken out rural/urban there would again be a large discrepancy. Many urban areas have no temporarily certified teachers for the behavior disordered. Many rural areas have up to 75 percent of their behavior disordered teachers temporarily certified. It is readily seen that states face problems not only in total numbers of temporarily certified people for behavior disordered students but also in the distribution of those teachers. Preservice and inservice training are the mechanisms for producing certified persons. Some options for increasing the numbers of teachers who are fully certified will be discussed in the chapter on training.

Attrition

Introduction. Two factors contribute to the teacher shortage problem. The first relates to training programs--both pre-service and inservice--and the fact that they do not produce a sufficient number of newly trained personnel. As previously indicated, this concern will be discussed in a later chapter. The second factor is that of attrition. Attrition refers to the number or percentage of personnel (in this case certified teachers) who leave their positions each year. In some cases persons who have been trained in the field never enter the field. In some areas this appears to be as high as 20 percent. Part of this number may reflect a self-selection process whereby newly trained teachers have discovered that they do not feel qualified and/or do not wish to work with this population. This will be discussed further under preservice data. In most cases, attrition refers to persons who enter the field as fully certified teachers but leave their positions after one or more years. These persons may take another job within the area or may leave the field altogether. The short supply of teachers is exacerbated by high attrition rates in at least some areas of all states. In each state reports ranged from "little" attrition to "high" attrition (50 percent or more), with more reporting the high turnover rates.

There is an unfortunate and inaccurate tendency to equate attrition with burnout. Burnout is a term usually used to refer to persons (usually teachers) who leave their jobs as a result of the excessively difficult and demanding nature of that job. Burnout was a serious concern among many of the persons interviewed, but it is obvious that the overall attrition rate is much higher than the rate for burnout. It is not sufficient to assume that the personnel shortages which the field of behavior disorders is experiencing can be exclusively contributed to burnout. Some burnout exists, but other factors related to general life goals (economics, mobility, and self-selection) play at least as important a role. A later section will deal with the topic of and assumptions about burnout. At this time it is sufficient to point out that burnout is only one of several possible causes of attrition.

Some of the most commonly cited reasons for attrition include: (1) advancement within the field; (2) parallel movement, i.e., from teaching in one district to teaching in another; (3) geographic preferences; (4) personal reasons; i.e., to accommodate a spouse's employment, be near family, etc.; (5) economic factors, i.e., private industry offers higher salaries; (6) burnout; (7) temporary retirement from the field; (8) returning to school for additional training; (9) self-selection, i.e., discovering after teaching, that this is not a satisfyingjob choice, etc.

Attrition rates. There are many measures of attrition and the impact that it has on service delivery to behavior disordered children and youth. In one state a recent survey on reintegration of students discovered that 76.4 percent of the teachers in behavior disorders had been there less than three years (Smith, White, and Peterson, 1979). Another state indicates that each year behavior disorder programs grow about 20 percent coupled with a 20-30 percent attrition rate each year. Obviously, states which seek to expand programs may end up compounding their teacher shortage problems. Many states show behavior disorders to be one of the areas with highest attrition. Generally speaking, rural areas experience more attrition than do urban areas; adolescent programs experience more attrition than do elementary programs; and programs for severe behavior disorders experience more attrition than do programs for mild behavior disorders.

One of the best studies to date on attrition was conducted by Smith (1979). The results indicated that, averaged across all geographical areas and ages, in the five years from 1973-1978, there was a 53 percent loss of personnel in behavior disorders. The first year (1974-75), 21 percent of the teachers hired in 1973 were no longer in their job positions. Another 7 to 11 percent were added each year until 1978-79 when only 47 percent of the original group of teachers remained.

In the states visited, the shortage of teachers for behavior disordered students in 1978-79 ranged from 20 percent to 60 percent with most grouping in the upper half of that range. For the 1979-80 school year and subsequent years through 1983 the percentage (not just numbers) continues to rise. That is, increased demand coupled with attrition outdistances supply. As a field we seem to be losing as opposed to gaining on the problem. This pattern will probably continue for the next three to four years until program size predictably should "top out." These estimated figures on need are disturbingly high. They are even more distressing in light of their decidedly conservative nature. Even an optimistic interpretation would indicate that attrition is draining both expertise and dollars from the field.

Attrition rate comparisons. As indicated, over a five year span (1973-1978) one study found a 53 percent loss of personnel in behavior disorders. The comparison of this figure for attrition of personnel involved with other areas of handicapping conditions is very interesting. Following are the five year attrition rates for personnel in other areas of special education as well as selected ancillary personnel.

Mentally Handicapped	47%
Orthopedically Handicapped	51%
Blind	41%
Hearing Impaired	44%
Trainable (Mentally Retarded)	46%
Learning Disabilities	34%
Speech Correction	41%
Social Worker	39%
School Psychologist	41%
Homebound	38%
Consultant on Physical Impairment	50%
Consultant on Mentally Handicapped	54%
Occupational/Physical Therapist	34%

Only one group (Consultants for Mentally Handicapped) have a higher attrition rate (54 percent) than do personnel in behavior disorders. Except for those two, the range of attrition is 34 percent to 51 percent. Although attrition over a five year period is more than half of the work force in behavior disorders, the "best" attrition rate (learning disabilities and occupational/physical therapists) still indicates that 1/3 of the persons in a given job leave it.

Due to the known problems in behavior disorders relative to the available quantity and quality of personnel for teaching and administrative positions, a 53 percent attrition rate is alarming. However, there is a need to examine this attrition rate not only in comparison to the rates of other special educators, but also to regular education and to non-education jobs. It must first be determined how much attrition is "normal" and then develop strategies for reducing excess amounts.

Recent contact with the national NEA office revealed that regular education teachers have an annual attrition rate of approximately 6 percent. If this figure is compared to the attrition rates cited by school districts and states visited, it is apparent that attrition in the area of behavior disorders is higher than attrition in regular education. Despite geographical differences, a 20 percent to 60 percent attrition rate was reported by states visited. (These percentages happen to be the same figures as the overall teacher shortage figures. Nevertheless, they are not to be confused. For example, in a state with a 50 percent teacher shortage, 20 percent to 60 percent of that number results from attrition while the remaining 80 percent to 40 percent is due to other factors.) If 6 percent was subtracted from those numbers as a measure of "normal" attrition for teachers in general, then the area of behavior disorders would appear to display an attrition rate of 14 percent to 54 percent above what might be reasonably expected. These figures are, admittedly, gross estimations due to the range of differences both between and among states. Still, what has historically been suspected appears to be borne out; that is, that attrition of teachers in the area of behavior disorders is not only higher than that of regular education teachers, but also higher than in most other handicapping conditions.

Attrition and Burnout

When discussing need and attrition in behavior disorders, it is critical to give consideration to the phenomenon of burnout. There appears to be an informal practice, mentioned earlier, within the field of behavior disorders to equate the concepts of attrition and burnout. This is not an accurate or useful practice. Attrition is a broader term which refers to the numbers and/or percentages of persons who leave a given employment position in a year or set of years. Burnout is a subcomponent of attrition. It refers to those persons who become tired, frustrated, or unhappy, with their positions and with the whole field of endeavor and who leave that field permanently. The stereotypic example of this is the classroom teacher of severe behavior disordered children. The students are difficult, the class demands high energy levels on a constant basis and the reinforcement system for the teachers is not adequate. After one or two years the teacher is burned out and leaves the field of behavior disorders altogether.

There are some aspects of this stereotypic example which may have resulted in erroneous assumptions about burnout and its causes. Most literature defines burnout in a manner that indicates that it is the difficult nature of interpersonal contact with behavior disordered children and youth and the resulting stress of that contact which creates a "burned out" teacher. In other words, behavior disordered children and youth, by their nature, are the cause of teacher burnout. Both informal conversations among professionals in the area and formal presentations on the topic of coping with burnout, etc., begin with this assumption: Behavior disordered children cause burnout; how can schools cope? Research on teachers who leave their positions is rare. Since teachers leave positions for reasons other than burnout, research with "burned out teachers" is even more rare. However, a recent study conducted in Iowa by McKinnon and Lawrenson (1980) points to some considerations that the project staff feel merit attention. In this study current teachers and teachers who left their jobs were surveyed on the main satisfactions and dissatisfactions of their jobs. The results were very revealing. The single most important item for job satisfaction was "relations with students." The three highest ranked job dissatisfactions were: (1) lack of administrative support, (2) inconsistent support staff, and (3) clerical work. Of the teachers who had left their jobs, the three highest ranked reasons were: (1) hassels with administration, (2) a better job, (3) moved to family. While these results may suggest a variety of options, one thing they clearly do not suggest is that behavior disordered children and youth cause burnout and drive teachers from their jobs. In fact, interaction with students appears to be the most attractive feature of the job. A further interesting point is that the list of job dissatisfactions can be termed "hygienic items," that is, they are concerns that should be dealt with by administration as opposed to concerns inherent in the job role of teachers of behavior disordered children and youth. The "administration" for behavior disordered teachers usually refers to the building principal.

The concept of principal role in burnout is a very interesting one. In addition to the existing research indicating the importance of the building principal and his/her attitude, organizational skills, etc., relative to mainstreaming, reintegration of special education children, desegregation success, etc., it would appear that perhaps there is yet another dimension in which the principal plays a significant role: teacher burnout.

It is not the intent of this project to propose a new theory about burnout; there never was a well-documented "old" theory. However, the above study coupled with research on principals' roles and the repeated convictions expressed by state and local education agency personnel concerning the importance of a building principal in the success or failure of services for the behavior disordered would indicate that a more critical eye should be cast on the longstanding assumptions relative to burnout. It has always been slightly painful for professionals in the area of behavior disorders to continually hear how the general nature of the behavior disordered population was responsible for "driving" large numbers of teachers from the field. Further, the idea did not mesh well with the fact that many persons do stay in the field and enjoy their students. Perhaps the critical factor is not the difficulty of the population but rather pressures other than those involved in direct service delivery that consume time and energy and which are extraneous to job roles.

The purpose of these considerations are most certainly not to "place blame" for teacher burnout. The purpose, rather, is to give consideration to the appropriate areas for remediation if the goal of reducing teacher burnout is to be achieved. It would appear that increasing attention might be focused on principals and their role in the process.

A related, but not synonymous, element of burnout is the amount of teacher support available to a behavior disorder teacher. Teacher turnover appears to be greater when teachers are isolated, i.e., the only behavior disorder teacher in a school building, or perhaps the only special education teacher in a building. Conversely, turnover is often lower in "special school" assignments. In those instances teachers are in direct contact with other teachers doing similar jobs who understand what is being done and why. New requirements for utilizing the least restrictive environment may create increased situations in which teachers of the behavior disordered find themselves in situations where there is not ongoing contact with other behavior disorder teachers. A similar situation arises with teachers isolated by virtue of rural job placements. This emphasizes the administrative role in issues such as staff support, classroom assistance, etc.

There is an additional point that should be made. Burnout is a serious concern for those involved in service delivery to the behavior disordered population. However, despite burnout's effect on attrition rates, there is consensus that it is better for a burned out teacher to leave his/her job than to remain when enthusiasm, creativity, and/or desire to teach has diminished.

Summary

Thus, a critical picture emerges. Prevelance figures utilized by OSE are conservative, even so, approximately two-thirds of all behavior disordered children and youth are unidentified. Although only one-third of the population is identified, there are not enough fully qualified teachers to serve those children and youth. Further gains made by teacher training institutions in training newly qualified teachers are more than countered by attrition rates of 20 percent to 60 percent. There is little encouraging about this state of affairs except, perhaps, for the fact that professionals in the area of behavior disorder are extremely concerned and are actively seeking answers.

All environments which serve behavior disordered children and youth are not equally plagued by the concerns discussed in this chapter. The problem of unidentified behavior disordered children and youth is probably worse in medium to small sized school districts where there are greater fiscal and personnel problems in establishing services. Less-than-fully-certified teachers is a greater concern in rural geographic areas and in correctional and mental health facilities. Attrition is a universal problem but may be more prevalent in rural areas, small districts, and in mental health or correctional facilities that pay less than public school districts. In fact, it has been the experience of this project, based on state visits, that rural areas, correctional facilities and mental health facilities are the hardest hit on any given measure of quantity and quality of behavior disordered personnel available to them.

The issues are difficult ones. More behavior disordered children should be identified, but there are not enough well-qualified teachers for the ones who are identified. Many methods for increasing the numbers of teachers may impair their quality. All the while attrition continues to exceed reasonable levels.

It appears clear that behavior disordered children and youth are a long way from receiving full services under Public Law 94-142.

CHAPTER III

SERVICE DELIVERY

Behavior disordered children and youth are primarily served in three service delivery environments: public schools, mental health facilities, and facilities for neglected and delinquent. In this chapter each service delivery environment will be explored. This exploration is organized by (1) the range of service delivery options and (2) the types of personnel used in that environment, i.e., teachers, ancillary personnel and administrators. These personnel sections are designed, not as definitive discussions, but rather as a forum for discussing some of the more often collected data and comments relative to the population. Thus, they are presented as a collection of varying issues. The chapter closes with discussion of two additional issues. The first is interagency coordination (interdisciplinary collaboration) among these three service delivery environments, and, second, a brief discussion is presented on the issue of bilingual/bicultural service delivery.

Public School Programs

The public schools are the major provider of educational services to behavior disordered children and youth. In states visited by the project and based on other states where data were available, child counts show that 75 percent to 95+ percent of all labeled behavior disordered children and youth in a state are served within the public schools. Further the 75 percent figure appears to be unusually low. Only one state surveyed fell at that level. The majority serve 85 percent to 95 percent of all the state's labeled behavior disordered population in public school facilities.

Service options. As might be expected the programs offered to behavior disordered students in the public schools represent several options along the continuum of services model. Included among the types of programs available are: itinerant services, resource rooms, self-contained classes, special schools, out-of-district day school placement, out-of-district residential placement, consultant teachers and homebound instruction. For behavior disordered students, the most commonly used service delivery option is the within-district self-contained classroom. Districts fluctuate greatly, but in general, some sort of resource room is the next most frequently used option followed by special schools, itinerant services, out-of-district placements and homebound instruction. Additionally, some (only a few) states require career and/or vocational education to be available as a service option.

As indicated within states, if not within each school district, a range of service delivery options are available. Each state has its own particular continuum of services making it difficult to equate service delivery programs across the states. Because of the numerous "variations on a theme" regarding service delivery, it is not possible to calculate percentages of behavior disordered children and youth in each program option. Nevertheless, the information gleaned from the states supports the aforementioned order of placements.

Out-of-district placements (private day care and residential facilities) cannot be viewed as actual public school programs; however, their use is the result of school district recommendation and financial support. The degree to which states utilize out-of-district placements varies considerably. In one state nearly 30 percent of all behavior disordered children and youth were served in out-of-district day or residential placements. On the other hand, some states actively discourage use of out-of-district placements in nonpublic school programs. Interestingly, in some states, of all the handicapped children placed in residential settings, the largest percentage of these are children with behavior disorders. In one state over half of all nonpublic state approved placements were of children with behavior disorders. The same held true for out-of-state placement (70 percent). The use of homebound instruction reveals similar data. Of all such placements nearly 41 percent were for behavior disordered students. This phenomenon may indicate the difficulty and frustration public schools feel when dealing with these children. However, in light of the quantity and quality issues raised relative to staff in such facilities, these percentages are of concern.

One other interesting factor related to service delivery was also noted. It had been hypothesized that alternative school placement would be a frequently utilized service option, particularly at the secondary school level. By alternative school, we did not mean special day schools for handicapped students, but rather those within-district programs that have been developed as an alternative for students disenchanted with the regular curriculum. It was consistently noted that identified behavior disordered students of any level or degree are usually not served within such programs. However, in one state, the project found that a self-contained class for behavior disordered students had been established within an alternative school. Thus, while attending the alternative school, these students were actually being served in a classroom for behavior disordered adolescents.

Teachers. Teachers are, of course, the primary service providers in the public school system, regardless of the service option chosen for a child. Many teacher-related issues were discussed in the previous chapter (supply/demand, certification concerns, attrition and burnout). There are some additional issues that warrant attention here.

As mentioned, teachers of the behavior disordered provide services to behavior disordered students along an extremely broad continuum. This occurs despite the fact that most teacher training programs prepare teachers in a very generic sense in terms of specific service delivery environment. (This issue will be dealt with in more detail in the next chapter.) A prospective teacher usually does field practicum (student teaching) in one environment for 8-16 weeks. That environment may or may not bear any resemblance to the position for which the teacher is hired. This is a complex issue and it is not the intent to discuss it definitively at this point. The purpose, rather is to focus in on one of the major concerns voiced repeatedly about teachers for the behavior disordered population, i.e., they often enter a position with very little preparation for the environment in which they will function. This necessitates an "on-the-job" training which administrators find disruptive to smooth programming for behavior disordered students.

A similar concern is raised relative to the age of the behavior disordered students with whom a teacher may work. Training programs usually provide intensive experience with only one age range. That experience usually earns teachers a state certificate to teach a much broader range, often K-12. There are two current trends which may eventually lessen concern about this issue. One is the increase in teacher training programs geared for teachers of the adolescent behavior disordered youth, the other is the trend by states to separate K-12 certification into K-6, 9-12, or something similar; and to add a preschool category. These moves seem necessary in light of the fact that most states are providing services to 3-18 year olds and some states serve 0-21 or even 0-25. No single training program can even minimally meet content requirements for such age ranges.

One of the few areas in which there is consistency from district to district and state to state is the teacher student ratio. Many states have statutory or regulatory limits on class size depending upon service delivery options and whether or not a teacher has an aide. Again, due to the various, inconsistent ways that states define service delivery options, comparisons are not possible across the entire continuum. However, most states have some version of the self-contained class. States that provide such guidelines usually specify 5-10 students per class with no aide. Eight is the most common number. If aides and/or other instructional staff are utilized then 8-15 is the range of students allowed, with 10 or 12 being the most common. Many districts specify that classes for severely behavior disordered should not exceed 5 with an aide. Another interesting variation on this concept is utilized in one of the states visited which, in addition to a number limit, also specified an "age range of no more than four years." There seems to be universal recognition of the need for extended teacher attention in self-contained classes. The problem, of course, is that teachers often indicate that these limits are routinely violated.

Thus, within the public school environment several major issues have been discussed (here or previously) relative to the role of the teacher. There are alarmingly too few teachers for identified behavior disordered children and youth much less for the two-thirds to three-fourths of the population that appears to be unidentified. This results in large numbers of less-than-fully certified teachers--a serious quality issue. Often the fully certified teachers have not been prepared, initially, for the service delivery environment and/or age of children they teach. Attrition is high. Generally, the picture is bleak. It is painful to review data of this nature, especially in light of the excellent teachers that we (authors and readers) know exist and the good programs we have all seen. The fact is, however, that those are too few. It is the project's feeling that coordinated planning of human resources is one of the most pressing needs for the next ten years.

Ancillary personnel. The list of ancillary (or related services) personnel that may be used to assist in providing complete programming to behavior disordered children and youth is lengthy. The list of those most commonly used is relatively short. Most districts report the use of the following ancillary personnel:

speech/hearing clinician
school psychologist
school social worker
guidance counselor
consultant (educational)
nurse
aide

The list of occasionally used ancillary personnel includes:

physical therapist
occupational therapist
adaptive physical educator
work-study teacher
psychometrist
home-school coordinator
hospital/homebound teacher
vocational rehabilitation counselor
media specialist
psychiatrist
physician

Very few school districts provide an entire range and/or have access to an entire range of ancillary personnel within the district. This occurs because of two related reasons. The first, obviously, is cost. Few districts have a large enough student population to warrant inclusion of a full time media specialist, for example. Even within districts with an adequate population base, the salaries of many of these persons; e.g., physical therapists, may be higher than a district would want to contract for. The second reason is the population/geography issue. Rural areas are usually unable to attract many of these persons even if willing to pay the higher salaries. Since there is a shortage of such personnel, it is unlikely that the cost issue will dissipate in the near future.

Figures on shortages of ancillary personnel are hard to find. Most states do not collect such data. In addition to the fact that it is a new area for data collection and some states have not initiated efforts in that direction, there is another reason of more serious concern. There was general consensus in the states visited that many behavior disordered children and youth need some form of ancillary service. If that service is readily available in the district, for example, nurse or guidance counselor, then the recommendation is put in the student's IEP. If a service is not readily available, then the IEP omits that need. Without data on the number of times students needed a service that was not available, it is difficult to ascertain additional need for ancillary personnel. Unfortunately, IEPs written to conform to existing services rather than to student need is a rampant occurrence. It is an understandable, yet ethically questionable practice. Districts are hesitant to write requirements into IEPs which they can not (or do not wish to) meet and then be found in non-compliance by OSE or OCR. Despite the lack of statistical data, personnel in all states felt there to be shortages in ancillary personnel available to public schools. States that have recorded attrition rates of ancillary personnel do not find it to be high. Five to fifteen percent is the usual range.

A new issue being discussed relative to ancillary personnel is that of certification or licensure required by an SEA in order for a given person to provide services to handicapped children either within a school or as part of an IEP. This is not to be confused with any professional licensure that a given occupation may require. Rather, it is a separate licensure which allows persons to practice their profession as part of an IEP process for children needing special educational services. This is a complex issue and the project did not specifically collect data on the topic. However, in light of the recent OSE proposed position paper on the subject of related personnel, it seems appropriate to mention here. For further information on the general parameters of this issue, interested readers are referred to the CEC (Council for Exceptional Children) policy option paper on this subject written by Barresi (1979). It should be mentioned that a few states have set minimum requirements for aides. Additionally, some districts have delineated requirements for school psychologists and school social workers. However, this is the extent of most SEA licensure of ancillary personnel.

Administration. The inadequate supply of teachers is, in most instances, well documented. Equally important, however, but less widely discussed is the lack of leadership personnel. Specifically, administrative personnel shortages refer to (1) State education agency personnel involved in behavior disorders, especially state consultants in behavior disorders, and (2) LEA administrators, specifically, supervisors of programs for the behavior disordered. Concerns relative to each of these groups are discussed below.

State education agency personnel have taken on countless new tasks with the passage of Public Law 94-142. Existing personnel as well as those newly hired are spread very thin. It is not surprising, therefore, that there are only a few state level persons with a focused concern for the area of behavior disorders. Only nine states employ a full time consultant in behavior disorders whose job it is to make programmatic and policy decisions as well as organize inservice, supervise due process, etc. Thus, the quantity of full time expertise devoted to behavior disorders at the state level is limited. Most states (38/50) have assigned someone within the SEA to "be responsible" for programs and policies in behavior disorders. The vast majority of those are so assigned for 50 percent or less time--many as low as 5 percent, 10 percent or 15 percent time. This certainly raises some quality concerns. Although a given person may be extremely capable in the area of behavior disorders, a 5 percent to 50 percent time allotment will necessarily affect quality of service on behalf of behavior disordered children and youth as witnessed by the fact that there is 100 percent time involvement necessary in at least nine states.

On an LEA level, many classroom programs for the behavior disordered exist without benefit of supervision or guidance from anyone either formally trained or knowledgeable in that area. In districts large enough to have supervisors for special programs there still are often not persons in the supervisory structure who are knowledgeable about behavior disorders. This situation not only hinders smooth functioning of programs for the behavior disordered, but also leaves the field, in general, without advocates within the policy making structure.

Some attention was focused on building principals in an earlier chapter. Literature and research continues to support the importance of the building principal in the functioning of classrooms for the behavior disordered. Repeated input from districts indicate that programs for the behavior disordered are largely misunderstood, resisted, not supported, and generally viewed as an administrative headache. The need for specific behavior disorders training for principals appears great.

One final issue should be considered here: certification of administrative personnel in the area of behavior disorders. Many states now have regulations which set forth specific requirements for administrative personnel. These requirements generally focus on two aspects. One is the relationship between supervisory staff and the number of classrooms or personnel a district has. Thus, for every so many classes or teachers a supervisor must be provided. The other aspect is administrator specific, that is, the prospective administrator must meet certain criteria. These criteria usually include: (1) a college degree (usually a Master's) and/or certification in the area, (2) a certain number of years of teaching experience, and (3) college level supervisory-related coursework. Hopefully, as states become more experienced in providing programs to behavior disordered students, they will move into a closer examination of administrative supervision.

Mental Health Facilities

While the numbers of behavior disordered children served within mental health facilities is not as large as that served in public school programs, these facilities do represent one placement option for this population. The method by which a behavior disordered child or youth is placed in a mental health facility varies from state to state and across facilities within any specific state. In some cases, students are placed in these facilities by action of the court. In other instances a private physician may be the referral source and in still other places a county level mental health board serves as the only referral agent for some facilities. By and large, the most frequent method is through voluntary commitment by the parents of the child.

Service options. As was the case in public schools, services under the auspices of mental health represent a continuum from less restrictive to more restrictive. In addition to the traditional "state hospitals" or institutions, there has been extensive effort devoted to developing community-based programs. This expansion began in the early 1960's and resulted in sizeable reductions in institutional placements and a corresponding increase in less restrictive alternatives within communities. In addition to the services provided via the state psychiatric institutions, other mental health program options include: (1) foster care programs, (2) group homes, (3) partial hospitalization for service to persons requiring less than 24 hour care but more than outpatient care, and (4) outpatient programs including screening, diagnosis, evaluation, crisis intervention, counseling, education and drug therapy. While consistent data are not available, one state estimated that over three-fourths of the behavior disordered children and youth treated by the mental health sector are served via community programs as opposed to placement in state psychiatric centers.

Within any given mental health facility the treatment program of the children and youth usually includes educational experiences, therapy, and other support services (occupational therapy, physical therapy, speech therapy, etc.). In several places innovative programs were encountered that tried to pinpoint a student's most essential need and build around that. For example, in one state most of the students who need a diploma but will not or cannot return to school are in separate facilities in a program oriented toward a GED and personal therapy.

Teachers. Data on teaching staff qualifications and needs for educational personnel within mental health facilities are sparse at best. In several states all teachers employed in mental health facilities must be certified in behavior disorders or another area of special education to meet state education agency standards. In some instances these certified personnel are almost exclusively personnel from "pre-certification" days who are now gradually gaining certification in behavior disorders and thus may be temporarily certified or hold full certification. There are instances in which over 50 percent of the teachers hold temporary or provisional certification. In other facilities almost all of the education staff hold recent teaching certificates in behavior disorders.

Attrition rates for these teachers vary tremendously. In those states where salary schedules are competitive with that of the public schools, attrition is low. The converse is true where salaries are less attractive. Tenure and its concomitant benefits is another factor influencing attrition as is the relative emphasis on education with the facilities.

Teacher "status" is another factor that varies. In most mental health centers education is only one of several ongoing therapies coordinated by psychiatrists or psychologists who utilize a medical model perspective. In some centers education is viewed as being of extreme importance, in other facilities it is of equal importance to occupational, physical, speech, and/or psychotherapy. In still others, it is perceived as far less important than services such as psychotherapy. Thus, the teacher role in these facilities will vary. Further, teacher education programs offer fewer practicum experiences in mental health facilities than in public school situations.

Ancillary personnel. Within most mental health facilities a range of support services is available. Typical among the professionals providing such services are psychiatrists, psychologists, social workers, physicians, speech and language clinicians, nurses, vocational counselors and activity, music, occupational and physical therapists. Data on projected need for additional support services are not available. However, mental health personnel in the states visited did not voice concerns relative to the availability of necessary related services personnel.

Administration. Individual mental health centers are primarily hospital/medical environments. The administrative staff are generally medically as opposed to educationally trained. The relative importance of education in a given facility may depend upon the facility administration's familiarity with educational procedures. In facilities that are large enough and/or serve a wide enough geographical area, there may be a director of educational services. This person is usually trained in special education, although not necessarily in behavior disorders. It was the impression of the project staff that such facilities tend to have stronger and more effective educational programs.

Facilities for Delinquent and Neglected

Of all the environments in which behavior disordered children and youth are served, facilities for neglected or delinquent youth are the most difficult to summarize, yet are currently coming under the most scrutiny. Such facilities represent the last bastion of implementation of Public Law 94-142. One of the problems encountered in such institutions is that education is not a primary focus. Realistically, the goal, particularly of delinquent and correctional facilities, is to detain and hopefully rehabilitate the socially unacceptable behavior and/or provide a "secure" environment which protects the community from the consequences of the offensive behavior.

Since the primary objective of facilities for adjudicated youth is not education, there is a growing concern that handicapped youth may be doubly affected when adjudicated. Data presented in the report by the Education Advocates Coalition indicate that handicapped individuals placed in institutions including correctional and juvenile detention facilities are being routinely denied or excluded from appropriate educational services. Specific violations include inadequate assessment, lack of IEPs and inadequate communication with other agencies. Of course, even well-intentioned personnel attempting to provide appropriate education within delinquent and correction facilities face the constraint of: (a) short periods of confinement by the population served; and (b) the intensity of the youths' problems because of a long history of failure.

Organizationally, there appears to be an infinite number of ways that programs for neglected or delinquent youth are arranged under divisions of corrections, youth services, social services or a combination thereof, by age, by offense, etc. Thus what little data are available are difficult to compare across states.

In terms of neglected children and youth, each state usually has only one or two state operated facilities serving that population. Assignment is via court order and the stay is dependent upon finding acceptable living environments elsewhere. These children and youth are not necessarily behavior disordered, although most personnel the project staff talked with felt that a large percentage were. The local public school district is usually the deliverer of services and thus any special services for disordered behavior occurs in that environment.

The adjudicated population is also placed by court order. Depending upon the state and the severity of the offense, the youth may be "sentenced" to a specific length of stay in a facility or may simply be delivered to the care of the department of youth services (or whatever it is called). In the latter case the department determines placement and length of stay.

Service options. Just as public schools attempt to develop a continuum of services for handicapped children usually based on varying levels of restrictiveness, so too, some state agencies responsible for delinquent and correctional facilities are attempting to expand the variety of placements available for their populations. This is a major problem since historically few placement options outside of the actual delinquent or correctional institutions have existed. Temporary placements at intake or diagnostic centers are frequently available for the purpose of evaluating the youth's performance. These placements, however, are usually short term in nature.

Working with communities and public school districts, some of the alternatives being developed include: (a) home care--parents, relative or foster; (b) non-residential placement with counseling and enrollment in alternative education or vocational education placements; (c) group home - small or halfway; (d) rehabilitation camps; (e) short term detention/evaluation settings; (f) residential placement; and (g) secure or intensive treatment programs for those incarcerated youth who manifest severe behavioral problems. While the concept of a continuum of services within an agency serving adjudicated youth may be admirable and even desirable, the reality remains that handicapped adjudicated youth frequently do not qualify for placement in the less restrictive of these options. Placement in such programs require a high degree of mental and emotional stability. Thus, the data presented herein are often reflective of the youth found in the more restrictive of the aforementioned placements.

The concept of waiting lists which is so frequently a criticism of public school programs for the handicapped is also in evidence in institutions for adjudicated youth. While several states alluded to such lists, only one state provided actual data. These indicated that the phenomenon of waiting lists was gradually increasing and, in 1979, was equal in number to 10 percent of the actual institutional capacity as compared to 6 percent in the previous year.

Those students labeled behavior disordered prior to, or so diagnosed after, arrival at a facility for delinquents receive specialized educational services. The reality of the problem is that there is usually poor liaison between public schools and delinquent facilities. Records often do not arrive in time to allow for appropriate programming. In addition, evaluation after placement often presents problems. If students are over 18 they may refuse evaluation for special educational services, and when evaluations are conducted, they are often not geared to determination of exceptional needs but rather to current academic functioning. However, some institutions in the states visited have an outstanding program of evaluation and educational treatment. Nowhere was the variation in type and quality of service greater than in delinquent facilities.

While the general picture of handicapped adjudicated youth looks bleak, the project encountered one particularly exemplary activity. In one state visited the Division of Social Services has created a position entitled Public School Coordinator. The job of this individual is to facilitate public school entry of youth being discharged from mental health and delinquent facilities. In the past year 67 percent of the discharged youth who needed special educational services have been so placed. Most of these students had not been in special services prior to institutionalization. The concept as well as the success record is excellent and warrants duplication.

Teachers. One of the frequently repeated concerns voiced in delinquent and correctional facilities has been the lack of adequately prepared teaching staff in the area of special education. The 1977 GAO report indicated, in the five states visited by their consultants, approximately 6 percent of the teachers in juvenile correctional institutions were certified in special education. It was unclear whether this meant fully certified or included provisional special education certification also. Certainly the National Needs Analysis project staff found a large variance in percentage of certification across the states.

In general, the educational services are usually provided by subject-certified staff. The number of teaching staff holding certification in behavior disorders is far fewer in facilities for adjudicated youth as compared to mental health facilities. Four of the states indicated the presence of at least one or two teachers certified in behavior disorders in every juvenile correctional facility in their state. On the other hand, in one state 80 percent of the educational staff in the juvenile correction facilities held certification in behavior disorders. This was obviously an exception to the rule, however. It was evident in the interviews that the increase in numbers of certified special education staff was directly linked to the implementation of interagency agreements which required that the facility staff meet state education agency standards. Attrition data for teaching staff in juvenile correctional facilities were scarce. The general sense of the situation obtained during the interviews was that this varied tremendously from state to state. In some states turnover was almost nonexistent. In other states employment in juvenile correctional facilities was viewed as a stepping stone to the higher salaried positions in the public schools, once special education certification was obtained.

Again, as mentioned relative to mental health facilities, there is widespread concern that teachers trained in the area of behavior disorders are not generally well prepared to handle the adjudicated population. In addition to the possibility that preservice experience may have been focused on elementary aged children rather than older youth, there often appears to be a lack of skills in: (1) dealing with violent behavior, (2) adolescent development, and (3) training in development of

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social skills. Thus, due to the poor preparation of new teachers for such roles, most teachers in facilities for neglected and delinquent are subject certified staff who have been in youth services for a few years and are required to return to school and make progress "toward certification in behavior disorders." Under such circumstances the "retrained" staff are not always enthusiastic about and/or oriented toward special education philosophies.

Ancillary personnel. Availability of support services also varies a great deal. In some instances the services provided were predominantly medical/dental and diagnostic in nature. In other states a larger cadre including psychiatrists and speech and language clinicians were employed. Several states indicated a need for personnel such as occupational and physical therapists and adaptive physical education teachers in order to offer the entire range of related services necessary to support the special education program.

Administration. Similar to mental health, administrative staff in facilities for delinquent and neglected are seldom trained in education. In fact, they would be poorly trained for these jobs if education was their only background. Educational needs come second to security needs. This creates an environment educationally different from public schools or mental health facilities. Still, most facility administrators recognize the associations between educational failure and the committed youth. The entire concept of special services for these children and youth is new, and administrators are just now coming to grips with the issues. The next five years should see substantial changes in that situation. Much will depend upon the nature and extent of interdisciplinary collaboration that occurs between state level youth services administration and SEA administration.

Interagency Coordination

According to the 1978 Annual Program Plans, approximately 39,000 behavior disordered children aged 5-21 are served in separate school facilities while another 11,000 are served in other educational environments, i.e., homebound, residential, etc. Because of the way the data are reported, it is difficult to extrapolate what proportion of this represents children and youth in separate public school facilities, mental health placements or non-public school programs. However, it was evident that in the area of behavior disorders in some states there is considerable reliance on placements other than public school programs. In one state, more than half of all handicapped students placed in non-public school facilities bear the label behavior disordered. Additionally, a second state serves nearly 30 percent of its behavior disordered children and youth in out-of-district day or residential placements. It should be noted, however, that in some states out-of-district placement, particularly in non-public school programs, is discouraged. While other agencies are utilized to provide service to behavior disordered children, it would be misleading to imply that those placements represent collaborative programming. In reality, quite the opposite is true. Instances of collaborative programming between local school districts, other public agencies and/or non-public school programs appear to be the exception. This is not to say it does not occur, but certainly such joint ventures are in the minority. Unfortunately, children with severe behavior disorders often are in greater need of the services of individuals from many disciplines and/or agencies than are less severely involved children and youth. It is more likely that a range of public school, medical, social service, and correctional persons will have already or need to come into contact with these students. Thus, the rather appalling lack of viable interdisciplinary collaboration works a greater hardship on the severely behavior disordered child.

There appear to be two major problems that inhibit the development of this collaboration to serve behavior disordered children and youth. The first, geographic location, is directly related to district-level service delivery and also affects other program components. In non-urban areas, i.e., most outlying areas of any state, small communities and school systems cannot support a full range of services from several disciplines. This is a very complex problem. Just as the need is felt to support a community's right to remain autonomous (i.e., not forcing consolidation of schools), so there is the obligation to support the child's right to the full range of special services needed. Even school consolidation may not help since rural areas often have difficulty attracting a full range of professional services.

The other concern occurs at a state as well as local level. A simplified, but accurate description for it is "turf protection." When more than one discipline is involved in a case at a local education agency level, there are often differing opinions about the relative importance of various aspects of a child's program. Ultimate control can become an issue. At the state level the translation of this problem is into single line of authority problems and allocation of resources. At state and local levels, professionals from various disciplines are far from working out formal or informal agreements to provide smooth collaboration on a full range of services to children and youth.

In spite of the apparent dearth of interdisciplinary collaboration we did encounter, within several states, examples of collaborative efforts among agencies providing education to behavior disordered children and youth. Cooperative programs between local school districts and mental health programs housed either within local mental health facilities or within the public schools were one model of interdisciplinary collaboration evidenced. Other examples involved joint programming between the local school district and social services agencies. Finally, there were state level programs of a regional nature for behavior disordered students which involved mutual placement and programming by the state department of education and the department of mental health. Interestingly, in one state it was evident that cooperative programming had at one time been more frequent in occurrence. However, turfdom issues between mental health and education led to the demise of those programs and it has been only recently that renewed efforts along these lines have been instituted. In those isolated instances where collaborative efforts were noted, exceptionally committed, energetic, and/or dynamic personalities appeared to be responsible for breaking the barriers and making real progress.

Bilingual/Bicultural Service Delivery

A relatively new issue to the area of special education (certainly not to regular education) is that of the bilingual/bicultural child who is in need of specialized educational services for a handicapping condition. A difficult issue at best, when discussed relative to the behavior disordered it is even more complicated. Admittedly, a label of behavior disorders applied to a child carries a value judgment about the child's behavior measured against the broader culture. There are any number of concerns about this issue when the child's culture and the broader culture are the same. These concerns are magnified when a "broader culture" person(s) is labeling a child who is essentially part of another culture. If that "other" culture utilizes a language other than English then communication as well as cultural values becomes extremely complex. There is a tendency to think of bilingual/bicultural as a single phenomenon, and often it is, for example, the Hispanic population, new Vietnamese population, Greek population, etc. However, that is not always the case; the native American is an example of a bicultural population that may not be bilingual.

In most states that have large minority populations, the bilingual/bicultural populations are highly localized, resulting in several districts that need a variety of school options and most districts virtually unaffected. For example, in one state visited 77 percent of the state's bilingual/bicultural population resided in only 5 school districts out of 433 total districts (about 1 percent). In other states one or two highly urban centers account for the majority of that state's bilingual/bicultural population.

One of the few consistently agreed upon strategies for this population is that, particularly for the behavior disordered, a teacher must not only be bilingual, but must also understand the cultural milieu from which the child comes. Another concensus is that one of the goals for these children should be to help the child progress to a point whereby he/she can benefit from total English instruction within the schools.

Bilingual/bicultural teacher training programs are currently being conceptualized and are in effect at some institutions. OSE's Division of Personnel Preparation has a commitment to this issue and is involved, along with experts in the area of bilingual/bicultural concerns, in the planning of some pilot training programs in this area.

As with all issues, cost is a concern for many districts. In the districts with large bilingual/bicultural populations cost is not such a critical factor. If a teacher trained in behavior disorders is to be hired for each ten students identified as behavior disordered, then it is relatively simple to hire one or more teachers for the students who require bilingual/bicultural assistance. The problems occur in districts with small bilingual/

bicultural populations. A district which has enrolled two Spanish speaking, three Vietnamese speaking and two Japanese speaking students is faced with some serious educational as well as financial issues.

The brevity of this discussion certainly does not reflect the relative importance of the issue. Rather, it is a function of two circumstances. First, only one of the states visited by the project had done any extensive consideration of the issue, therefore, data were scarce. Further, printed material relative to the issue as it impacts behavior disorders is scarce to nonexistent. The second circumstance is that the issue is relatively new as it relates to special education and thus is difficult to research. Human resources are just now being directed at the problem, and hopefully, the next few years will se the beginning of some enlightenment relative to bilingual/bicultural populations and its impact on programming for the behavior disordered.

Summary

In this chapter a brief review has been presented of: (1) environments in which behaviorally disordered children and youth receive services; (2) the service options of each environment; and (3) some of the additional personnel issues relative to each environment that were not discussed in Chapter II. The chapter closes with a brief assessment of interagency coordination and bilingual/bicultural service delivery.

A rather clear and continuing picture emerges which indicates the quantity and quality issues relative to all levels of personnel (teachers, ancillary, administrators) in the area of behavior disorders. Service delivery to behavior disordered students can never be better than the persons who plan, teach, assist and support those programs. Human resources planning is a critical factor in providing appropriate special education programming and services to behavior disordered children and youth.

CHAPTER IV

TRAINING: PRESERVICE AND INSERVICE

This chapter presents information gleaned by the project as it explored the general area of training. The project defined preservice as college training leading to a degree and/or certification which preceded employment with the population under consideration. Within this framework we examined the number and nature of training programs within institutions of higher education and the numbers of persons trained. Inservice, on the other hand, was defined as training delivered to personnel currently employed in serving behavior disordered children and youth. These data are organized according to the various service delivery systems in which personnel are employed. Finally a critical exploration of the concept of inservice is presented.

Preservice--Programs

Although services to behavior disordered children and youth occur in different environments, i.e., public schools, facilities for neglected or delinquent, mental health facilities, and private schools, there appears to be virtually no systematic effort to train teachers differentially at the preservice level. Almost without exception, colleges and universities report that the only distinction in training programs relative to eventual service delivery environment is the type of placement a student receives for his/her practicum (student teaching) experience. This is consistent with state certification patterns which also do not differentiate between service delivery environments with regard to type of certification issued. We do not mean to imply that such distinctions should be made, but simply to reflect on the concern expressed by many state and local education agency persons that graduates of preservice training programs are often not prepared for the jobs ahead of them, particularly in youth corrections, mental health facilities, and adolescent age behavior disordered programs in public schools.

Related to this issue about service delivery environment is the concern that, in general, students exit training programs unprepared to deal with the more severely behavior disordered students. In other words, most training programs prepare teachers for a generic group of behavior disordered students and there is little specific emphasis on the special needs relative to the extreme end of the continuum. For the most part, teacher trainers agree with this characterization of preservice programs.

Some institutions of higher education have attempted to address this concern by emphasizing severe behavior disorders among the handicapping conditions included in multicategorical, cross-categorical or non-categorical training programs for "severely handicapped." The general consensus (institutions of higher education personnel as well as state and local education personnel) is that because of the historical background of these programs and the training of the faculty involved in teaching the coursework, such so-called severely handicapped programs are in reality heavily oriented toward severe mental retardation. At present these programs do not appear to be having significant impact on the problem of inadequate training for teachers of severely behavior disordered children and youth.

Additionally, there was strong sentiment expressed in the categorically oriented states that non-categorical or cross-categorical teacher training and service delivery models actually hurt the development of a cadre of professionals dedicated to teaching behavior disordered students. It appears that prospective teachers seek multi-categorical certification (usually behavior disorders, learning disabilities, and mental retardation) in order to have job flexibility. In reality, however, because of: (1) feelings of inadequacy, (2) frustrations, and/or (3) sheer difficulty of teaching the population, teachers actually choose jobs in learning disabilities or mental retardation or perhaps resource work with mildly behavior disordered children. Very few deliberately pursued positions with behavior disordered children and youth served in self-contained environments. Some states pronounced the situation so critical that they felt the necessity of federal intervention. In other words, some states simply felt that the Office of Special Education could and should foster teacher training in the area of behavior disorders by insisting that institutions of higher education support their non-categorical programs in mild behavior disorders through internal institutional dollars and use federal monies for categorical programs in behavior disorders. There is, in fact, indication that the Office of Special Education is increasing its focus on training programs in the area of severely handicapped although not necessarily within a categorical framework. For example, the

DPP/OSE priorities targeted teacher training for the seriously emotionally disturbed for the 1981-83 funding cycle.

What, then, is the nature of these teacher training programs? Most programs leading to certification and/or a degree in behavior disorders require: (1) coursework in regular education; (2) an introductory course in behavior disorders; (3) methods courses (materials, programming, diagnosis and evaluation, curriculum, behavior management); (4) psychology (general and child or adolescent); (5) theory of behavior disorders; and (6) student teaching (practicum). By historical precedent most training programs emphasize the elementary aged child with mild to moderate behavior problems. Certainly, such a focus has a large (80 percent) place in the training of behavior disordered teachers. However, the advent of Public Law 94-142 with its emphasis on non-exclusion and appropriate services regardless of severity demands a shift in some training programs in order to fully serve the severely behavior disordered population.

A rather discrete group of children and youth within the behavior disordered population is that segment labeled autistic. A growing number, though still very small, of the institutions of higher education are planning or have in place a program to train teachers specifically for this population of students. Depending upon whether a state has (or develops in the future) a separate category and certification for autism, teachers so trained would have a certificate in autism or in behavior disorders with an autism endorsement (or something similar). This may or may not serve to improve service delivery to autistic children and youth.

It is to be remembered, however, that autism is only a small segment (only 1 of every 2,000 children is autistic) of the behavior disordered population, thus autism-specific training will not have a major impact on overall services to the behavior disordered population.

Preservice--Numbers of Teachers Trained

Again, perusal of raw numbers of students trained in behavior disorders will not assist in looking at trends in preservice training. The important statistic is the number of teachers trained as a percentage of the states need for teachers.

Data from the states indicate that, in combination, institutions of higher education in most states are training between 5 to 50 percent of the teachers needed by that state in behavior disorders. Since few, if any, states fill all their own vacancies much less "export" additional teachers, the shortage is nationwide. Further, those percentages assume that all trained persons pursue careers in their major field of training. Some states indicate that 20 to 30 percent of all newly certified graduates do not seek employment in their area of training. Self-selection may play a role in this figure, and, as such, reflects on training programs' selection and organizational processes. Further, the figures are often inflated due to the fact that teachers from other handicapping conditions, especially learning disabilities, often get "second" certificates in behavior disorders. However, they return to learning disability classrooms. That information added to the 5 to 40 percent attrition experienced by states each year paints a rather dismal picture for both the present and the future in terms of finding adequately trained persons for the positions available in behavior disorders.

Inservice--Public Schools

By far the largest amount of inservice, i.e., retraining and/or additional training of currently employed staff, is conducted by public school districts. The purposes are to upgrade staff, provide advancement opportunities, effect behavior change in faculty and/or administrators and in some instances lead to certification (licensure). Inservice topics may be selected by conducting a needs assessment of the potential inservice recipients or by administrator preference. Public schools may provide the inservice using expertise within their own or other school districts, using faculty from colleges and universities, using state education agency staff, or utilizing area education agency or intermediate school district personnel. Some states use a combination of these sources. Some, on the other hand, rely totally on one source. Regardless of the method of topic selection and the persons providing the training, there is little inservice conducted specific to behavior disordered children and youth. The one exception to that statement relates to autism. All of the APPs examined indicated (in the CSPD section) that one or more (usually more) inservice programs were provided in that state on the subject of autism. While certainly valuable, it is again necessary to point out that autism is not synonomous with behavior disorders but represents only one small subset within that area. Some inservice in behavior disorders is offered in all states. The usual topics include: behavior management, behavior modification, mainstreaming behavior disordered students, and identification of behavior disordered students. The viewpoint expressed here is not that such inservice is superfluous; rather, it is vital and some states have made impressive strides in providing sound inservice on general behavior disorders to their teachers of behavior disordered children. The concern is for the lack of additional focus on the specific needs of behavior disordered children and youth.

Inservice--Mental Health and Facilities for the Neglected or Delinquent

Even in state operated and state supported institutions, the populations of which can usually be assumed to be the rather severe behavior disordered by virtue of placement, very little inservice is offered specific to the educational needs of behavior disordered students. Mental health facilities offer a range of inservice with a medical, psychiatric, and/or related therapies orientation. Also, they may provide some inservice on behavior management or behavior modification. Seemingly lacking is inservice with an educational emphasis including topics on classroom practice, public school reintegration, etc., for behavior disordered children and youth. Since teachers in these facilities are functioning within a multi-professional environment, any systematic inservice program should be reflective of all these various aspects.

Much the same situation exists in other states operated/ state supported facilities. Since the populations in these institutions are not all automatically considered behavior disordered (as in facilities for the neglected), one might expect and, in truth, find even less emphasis on inservice in the area of behavior disorders.

Most mental health and youth service personnel indicated that only one or two days a year were planned for inservice activities. A few institutions allowed some release time for staff to attend additional training "off campus." Most did not. A few institutions granted salary credit for accumulated inservice and/or financial assistance to teachers upgrading their certification. Most did not.

In general, very little inservice is conducted in such institutions and less is directed toward behavior disordered children and youth. In light of the temporary certification problems in many of these institutions, this lack of inservice is disconcerting.

Inservice--"A Dog and Pony Show?"

While the above information about inservice reflects the information gathered, a more serious, underlying concern was voiced in various ways by all the personnel visited in the states. The concern is for the basic conceptualization of what inservice is, what it should do, and how it should proceed.

There is universal disenchantment with the historically used "Dog and Pony Show" (a phrase often repeated in interviews), that is, the one person two hour spiel on a currently popular "topic." This is not to imply that such form of "inservice" has no role within an overall conceptualization of inservice. Quite the opposite is true. It is valuable, basically, as a consciouness-raising technique. As such it is an initial step in most learning processes. The problem lies in the fact that most schools and institutions seek inservice as a way to upgrade the skills of their staff; that is, they are looking for behavior change in their personnel. They perceive, often quite accurately, that this sort of "inservice" does not effect that change. Unfortunately when such inservice does not provide behavior change, they then feel that they have wasted time and money on "inservice." Persons who provided this type of inservice are equally upset since the implication is that they weren't "good enough" or "didn't do their job well." In fact, many inservice providers now refuse to be involved in such sessions due to the growing, and somewhat unfair, criticism of that work. It is imperative, therefore, that inservice providers and recipients are clearly aware of the goals of any specific inservice and that such programs are consonant with the expectation of both parties.

More serious is the need on the part of providers and recipients of inservice to rethink the entire process. If the goal of behavior change is a valid one, and most would agree that it is, then it is necessary to incorporate what we know about learning processes into the delivery of inservice. Recipients of inservice cannot expect to get large scale behavior change from one, two or three two-hour sessions per year. Providers cannot expect to accomplish that goal within that format. Therefore, inservice designed to provide behavior change must be reconceptualized as an integrated, ongoing process which requires a time and money commitment on the part of recipients. There could be many models for this reconceptualization. A brief sample follows: (1) needs assessment; (2) consciousness raising; (3) a model for change: theory, practice; (4) "guided" change; (5) follow-up; and (6) evaluation.

The crimes of poorly conceived inservice are that: (1) it wastes large amounts of state and local education agencies' monetary assets, and (2) it gives the generic concept of inservice an unjustified "bad name."

Inservice is a valuable tool. Particularly in an area like severe behavior disorders where shortages of teachers abound, it is an excellent means for updating and/or "converting" current, experienced staff to providing services to severely behavior disordered children and youth. Recipients of inservice cannot continue to blame providers for producing inadequate behavior change when they have not fully conceptualized what inservice should be. Providers cannot continue to perpetuate acceptance of the idea that limited-time-involved inservice will succeed in behavior change. Only a commitment to well conceputalized, ongoing inservice will bring about behavior change and justify the money involved in inservice.

Summary

There are two components to training staff in providing service to behavior disordered children and youth. The first is preservice, i.e., degree and/or certification training prior to first-hand experience with the population. The second is inservice, i.e., continued or additional training of the professionals already involved in some form of direct service to children in educational environments.

In the case of preservice training, training institutions have been unable to produce sufficient numbers of new persons to fill existing vacancies. The added pressure for programs produced by the passage of Public Law 94-142 has resulted in critical shortages in some areas. Training programs in behavior disorders are seldom specifically geared, in whole or in part, to train individuals to work with a variety of behavior disordered children and youth. Local education agency opinion attests to this with their repeatedly voiced concern that teachers graduating from behavior disorders programs are not equipped to deal with the more severe students. This is a difficult and complex problem. Just as state and local education agencies are being asked to provide unlimited services with limited resources, so training institutions are being asked to produce trained personnel in several specific categories and to provide large numbers of them. This, too, is an example of being asked to provide unlimited options with limited resources. It would appear unrealistic and inefficient to expect any one training program to provide program options for all levels of severity, age, and service delivery environments. This is especially true in light of the fact that most training programs in behavior disorders are staffed by one, two, or three persons. It is virtually impossible to get such a wide range of expertise in so few people.

Efforts are underway that must be encouraged and supported in the area of CSPD (Comprehensive System of Personnel Development). Planning must certainly be statewide and may need to be regionwide in order to marshall resources to provide a wide range of training options in which individual training facilities develop programs emphasizing certain subsets of behavior disorders.

In the case of inservice there is a critical need to reconceptualize the process of formulating an inservice system that is comprehensive and systematic in planning and implementation. Especially in light of the teacher shortages in behavior disorders, it is critical to become adept at training and/or retraining regular educators, temporarily certified teachers in behavior disorders and fully certified teachers in behavior disorders. Reaching full service delivery for behavior disordered children and youth may depend on it.

CHAPTER V

RECRUITMENT, INCENTIVES AND OTHER ISSUES

The preceding chapters have presented the data and perceptions gathered for the major issues selected from the needs analysis model relative to the area of human resources. As one might expect, in the process of collecting and analyzing all the information, other issues surfaced which warrant discussion by virtue, usually, of the frequency with which they were encountered. Hence, this chapter is designed to present an examination of several related issues which are of import to the area of human resources and are included because of the repeated concern expressed regarding them. In addition, the chapter includes a summary of the overall strengths and obstacles related to serving behavior disordered children and youth.

Recruitment

Recruitment is not an entirely new issue in the area of behavior disorders. A shortage of qualified personnel, particularly classroom teachers has existed since programs for these children and youth began. However, with field expansion and increasing numbers of training programs for teachers of the behavior disordered, an unwarranted assumption apparently prevailed that the problem was becoming less critical. That assumption may have proved somewhat legitimate for some years in that training programs for teachers of the behavior disordered appeared to be growing faster than public school programs for that population. Legitimate or not, the advent of Public Law

94-142 drastically changed that growth pattern. While regulations required that all behavior disordered children and youth receive special education, it did not require that more colleges and institutions develop training programs to provide teachers for the expanded public school programs. It is not the project's intention to suggest that the regulations should have required the latter. Rather, the point is that geometric expansion of classrooms has occurred with slow arithmetic growth of training programs. The increasing realization of the critical dearth of fully certified teachers was a topic discussed by personnel at all levels and from all service delivery environments. The renewed interest, then, in recruitment, is understandable. The lack of systematic recruitment efforts is unfortunate. However, there is a real sense that the advent (or continuation) of systematic efforts can genuinely impact the problem of teacher shortages.

Two types of recruitment appear most vital: (1) systematic efforts on the part of teacher training institutions to attract more preservice trainees and (2) systematic efforts on the part of LEA's to find and attract fully qualified teachers. Following are brief discussions of these two types of recruitment. Examples of recruitment strategies are the result of project thinking, suggestions made by personnel visited and/or ideas from a University of Kansas, Department of Special Education Position Paper.

Although the final chapter will make some recommendations relative to recruitment, the primary purpose of this brief discussion is to quickly explore some examples of recruitment options for training programs.

1. One of the reoccurring problems mentioned earlier in this document is the magnification of most problems in the rural areas. Teacher shortage is primary among these. An often suggested strategy is the intensive recruitment of persons from the geographical area(s) experiencing the shortages. The hypothesis is that persons who already have a commitment to a particular geographical area are more likely to remain there. Hence, IHEs need to develop an approach to recruitment which involves identifying such persons. SEAs may also be a useful resource in the identification process.
2. Some training institutions have already explored possibilities for taking entire degree and/or certification programs off-campus, particularly to areas of the state that experience the greatest shortages. While numerous problems may be encountered by training institutions in the effort, e.g., finding appropriate practicum sites, lack of incentives for such efforts within "traditional" IHE reward systems, etc., the need for teachers is so critical that it behooves training programs to address the problems as part of their effort of training more teachers. Certainly conditions are such within most colleges and universities that creative approaches to recruitment and training which attract more students and generate greater credit hours

while contributing to the solution of human resource shortages, should be given serious attention.

3. In general, recruitment efforts should be focused on the areas of greatest need. For example, there appear to be proportionately greater shortages of qualified persons to teach the adolescent, the severely behavior disordered and in positions in non-public school settings. Thus, recruitment efforts aimed at persons who would fill roles in these areas would be extremely beneficial.

Consensus is that training programs cannot be content to merely train those who come to their doors, but rather, they must be active partners in the effort to recruit and train adequate numbers of qualified teachers for the behaviorally disordered.

LEA's also need to devise recruitment strategies. Some options include:

1. Many LEAs have already developed the practice of filing position vacancy notices with teacher placement offices in state training institutions. The practice should be expanded and include training institutions in a regional sense, not necessarily bounded by state lines. On-campus interviewing of potential teachers by LEA personnel has also proven to be a valuable technique. Often, however, the LEA person who interviews potential personnel for positions in behavior disorders has no background or expertise in behavior disorders. Thus, the potential effectiveness of selection is reduced.

2. The on-campus recruitment strategies could often be more effectively utilized when coupled with more expedient processing of applications by LEAs. Increasingly, school districts are not in a position to offer contracts until August. Many potential teachers are lost due to the uncertainty of a formalized contract offer. Deliberate efforts to remove the fiscal and/or authorization obstacles to early contract offering should be explored.

3. Salary incentives for positions that are chronically difficult to fill are often controversial, but are one option. These might take the form of one time bonuses, higher salary step entry than other teachers of similar training and experience, differential pay scales, etc. The potential value of these strategies must be weighed against the hostility these practices often engender among regular educators and/or among non-affected special educators. The issue is complex. On the one hand, no "type" of good teaching is inherently more valuable than another. On the other hand, supply/demand factors in most other occupations are the control for salary levels. The personnel often utilized for related services are an excellent example from within education.

4. Recruitment of regular teachers or special teachers that may be in surplus in a given locale for training in behavior disorders may insure longer residence in that

LEA. This is obviously parallel to the issue relative to IHE recruitment from specific geographic locations. The hypothesis is the same. If LEAs select "established" teachers from an area for additional training, the assumption is that they will return to that area and maintain a job position.

In discussing what strategies were currently employed in recruiting teachers, LEAs most commonly mentioned: advertisements placed in periodicals and newspapers; notification of placement bureaus; personal contact with teacher trainers; and, humorously, begging. It would appear that some less passive tactics may be in order.

Incentives

The idea of incentives is often linked with recruitment. This may be appropriate, but the two do not always occur simultaneously. It is discussed separately here for the sake of clarity, but actually overlaps with the previous topic in many instances. Briefly, some examples of incentives that might increase the numbers and/or quality of persons in the field are listed below.

1. Full or partial payment of educational expenses might be offered in return for an agreement to stay in the field. IHEs, SEAs or LEAs might utilize this strategy. Thus a selected person would agree to remain in the field of behavior disorders (and perhaps in a specific geographical location) for "X" number of years in return for educational expenses.

2. Staff respite provided by LEAs to district teachers is a little used but potentially valuable tool for reducing burnout and/or attrition. The usual method is that a teacher is entitled to a year's sabbatical at full or partial pay after completion of a certain number of years in the district (often 3-5). Additionally, the teacher agrees to return to the district for one or two years following the sabbatical. This process allows for a teacher to "regenerate" rather than "burnout" without the job instability that would occur with just "taking a year off."
3. Teaching seniority should be accumulated across all years of teaching experience, not just for years in a given specialization. Thus, a teacher who teaches four years in behavior disorders and then chooses to teach three years in learning disabilities accumulates seven years of teaching seniority rather than only three. Limiting seniority status to one specialization discourages persons from taking positions with more difficult students, since they recognize that at some future time they may desire a change in placement and thereby lose years of seniority status.
4. It would appear imperative for LEAs to begin putting more fiscal support behind inservice, and personnel development, in general. Paying for substitute teachers, increased release time, salary step increases and/or academic credit are some of the ways in which

districts can support the upgrading and/or "retraining" of staff.

5. As mentioned earlier, higher salaries for high vacancy positions are usually a good incentive for persons returning to school for more training as well as for preservice career decisions.

The idea of incentives is not without some serious problems and is often controversial. However, it warrants consideration in light of current personnel shortages.

Categorical vs. Non-Categorical or Cross-Categorical Teacher Certification

The categorical vs. non-categorical or cross-categorical issue was briefly discussed in the chapter on preservice training. The training issue is often coupled (although not necessarily so) with the issue of categorical vs. non-categorical or cross-categorical teacher certification. In states that have elected non-categorical or cross-categorical teacher certification, training institutions have generally followed that lead and revamped programs to delete categorical degree programs. In states with categorical teaching certificates, training institutions may provide a categorical degree or they may provide a cross-(or multi)-categorical degree program.

There are many philosophical positions on both sides of this issue that are intensely felt by the proponents of those positions; however, no positions are firmly supported by research. Those positions will not be reiterated here. However, a 1979 study by Belch indicates that 22/50 states either had an anticipated developing a non-categorical or cross-categorical teacher certification. It remains to be seen if this trend will continue, remain constant, and/or reverse as states gain experience with this type of certification pattern.

In light of the serious shortage of teachers in the area of behavior disorders, non-categorical and/or cross-categorical certification is being advocated by some as "the" or "one of the" solutions to the problem. There is strongly dichotomized opinion concerning the desirability of this move. Proponents of the position are certainly correct in the assertion that the "pool" of potential teachers for behavior disordered children would increase. Those persons who might have gotten categorical certification in behavior disorders, learning disabilities, mental retardation, etc., would all become "eligible" to teach behavior disordered children and youth. Those who oppose the move maintain that such certification may hypothetically increase the teacher "pool" but, in reality, actually reduce the numbers of persons committed to the unique problems of behavior disordered children and youth, especially the more severe problems. These persons maintain that, in practice, non-categorically or cross-categorically certified teachers seek the less stressful job positions. These positions seldom include the children and youth with disordered behavior. Further, the reduced concentration of training programs on the specific category of behavior disorders "waters down" the teachers ability to deal effectively with a broader range of problem behavior.

Given the serious need for more and better teachers for children who are handicapped by virtue of their behavior, caution would appear to be in order. Careful examination of human resource issues in states that have categorical certification as well as in states that have a non-categorical or cross-categorical certification may help in the determination of how best to increase both quantity and quality of teaching personnel.

Single Line of Responsibility/Interagency Agreements

An analysis of agencies providing services to behavior disordered children reveals a plethora of such agencies both public and private. Included among the public agencies are state departments of mental health, departments of vocational education and rehabilitation, divisions of youth services, departments of corrections, divisions of social services, family services, departments of human services, departments of institutions or institutional schools and divisions of children's services. While the number and names of such agencies vary from one state to another, it is safe to assume that each state has a multiplicity of agencies designed to provide services to behavior disordered children and youth.

Public Law 94-142 requires that each state education agency serve as the central agency of authority and accountability in the education of all handicapped children within that state. The following excerpt from the Senate Report on Public Law 94-142 clarifies this Congressional intent:

> This provision is included specifically to assure a single line of responsibility with

> regard to the education of handicapped children, and to assure that in the implementation of all provisions of this Act and in carrying out the right to education for handicapped children, the State educational agency shall be the responsible agency. . . .
>
> Without this requirement there is an abdication of responsibility for the education of handicapped children. Presently, in many States, responsibility is divided, depending upon the age of the handicapped child, sources of funding, and type of services delivered. While the Committee understands that different agencies may, in fact, deliver services, the responsibility must remain in a central agency overseeing the education of handicapped children, so that failure to deliver services or the violation of the rights of handicapped children is squarely the responsibility of one agency. [Senate Report No. 94-168, p. 24 (1975)]

Realizing that each of these different agencies providing services to handicapped children, including those with behavior disorders, operate under their own set of legislative and regulatory requirements, the task of implementing the single agency responsibility requirement has been a massive administrative headache.

Also hampering the implementation of the sole agency responsibility mandate is the fact that in many instances state laws and regulations do not support the practice of the single line of authority. In other words, it is not uncommon that a state education agency has no authority to supervise or monitor educational programs in other state agencies as part of assuring compliance with Public Law 94-142. In fact, the Office of Special Education indicated in its 1979 Implementation Report to Congress on Public Law 94-142, that in some cases responsibility for educational services to handicapped children may be shared by as many as six different agencies. It should also be noted that this lack of clarity regarding lines of authority is a frequently cited problem in state Program Administrative Reviews.

In order to address this realistic problem, the following options have been suggested to the states as possible alternatives:

1. Written agreements are developed between respective State agencies concerning State educational agency standards and monitoring. These agreements are binding on the local or regional counterparts of each State agency.
2. The Governor's Office issues an administrative directive establishing the State educational agency responsibility.
3. State law, regulation, or policy designates the State educational agency as responsible for establishing standards for all educational programs for the handicapped, and includes responsibility for monitoring.
4. State law mandates that the State educational agency is responsible for all educational programs. (Federal Register, August 23, 1977, p. 42501)

In responding to the single line of responsibility mandate, states have adopted a variety of the above options. Revisions of state law, regulation and policies and development of interagency or administrative agreements are two such approaches. Several states have created special school districts or local school districts within the department of social services, mental health, and corrections, etc., to clarify the relationships between the educational program for handicapped persons within those agencies and the state department of education. Analysis of the Annual Program Plans for FY79 and 80 indicates that most states have policies, statements or revised state laws or regulations in place relative to the single line of authority provision of Public Law 94-142. Ninety percent of the states indicate that interagency agreements have or are being negotiated. However these data must be treated cautiously for several reasons. First, some Apps do not specify the agencies with which agreements have or are being negotiated. Second, those states which list the specific agencies and/or include copies of the agreement do not necessarily indicate other agencies with which they have not or need to negotiate interagency agreements. Thus, some states list one interagency agreement and others list as many as five. Whether that represents all the necessary interagency agreements is uncertain. Compounding the problem of comparison is the organizational differences across states; i.e., mental health institutions may be organized under social services in one state or a department of mental health in another. Finally, it seems apparent after reading the early APPs and the comments related to interagency agreements, that many of these agreements were initially made as part of a cooperative child find effort. In many cases these agreements do not address state education agency monitoring, data collection and other variables related to a range of services beyond child find. Nevertheless, current analysis indicates that at least 40 percent of the state education agencies having interagency agreements have negotiated such arrangements with correctional facilities. Approximately the same percent are involved with interagency agreements with departments of mental health. Interagency agreements with departments of social services (welfare, human resources) are indicated in 50 percent of the states having negotiated agreements. One of the agencies with whom interagency agreements is sorely lacking are departments of vocational rehabilitation or vocational education. Rate of interagency agreements between state education agencies and vocational agencies ranges from 9 percent to 20 percent. Certainly this area of collaborative agreement needs greater attention.

The majority of states visited as part of the project had at least one interagency or administrative agreement negotiated. Examination of these documents shows that most of them include information regarding: (a) procedures, policies or assuranceson referral, assessment, IEP development, due process, confidentiality, least restrictive environment, related services and accountability; (b) staffing needs and standards; and (c) regulatory structures for delegating and coordinating the responsibilities among the participating agencies. The amount of detail incorporated into these documents varies considerably. In some instances the agreements consist of assurances that the above obligations will be met. In other cases, the agreement includes information relative to actual implementation.

While the development of interagency agreements at the state level serves as one indication of interdisciplinary collaboration, the true test of cooperation is the adoption and implementation of such agreements at the local level. The task of establishing actual mechanisms for collaborative services, credentialing of personnel, tracking students, transferring of funds, etc., force the translation of a paper agreement between agencies into a reality. This step is critical since many of the persons interviewed indicated that existence of any agreement for collaborative services on paper in no way assures that such services are being delivered. In fact, in many PARs states were cited because there was no evidence of actual implementation of interagency agreements. Only one state was commended in its PAR for its coordination and communication with other agencies.

As indicated earlier, lack of state policy, law or regulations and differing agency requirements have proved to be realistic obstacles in the implementation of the single line of authority mandate. There are other variables that also have been barriers to successful interagency cooperation. Competition for funds in a time of limited and decreasing resources frequently makes persons protective of their domain. As the role of education expands, other professions and agencies are becoming increasingly leery about the monitoring and control by education agencies. On the other hand, educators have for some time been relegated to secondary status on the professional hierarchy, particularly within mental health and correctional agencies. There is some irony to the situation as it now exists with education being the focal point of intervention in the lives of handicapped children and responsibility for monitoring this resting with state departments of education. It is, of course, most unfortunate that we cannot rechannel our energies away from the "petty bickering" which accompanies defending one's turf and into providing quality services to the children in need of them. This is particularly true in an area such as severe behavior disorders where service is sparse at best.

Related Services

Public Law 94-142 requires, among other things, the provision of related services to handicapped children in instances where such services are necessary for the student to benefit from special education. These services include transportation and others which are developmental, corrective or supportive in nature such as speech therapy, audiological and psychological services, physical and occupational therapy and medical and counseling services. It is important to emphasize the supportive nature of these services; that is, they are designed to supplement or augment the special education programs of a student identified as handicapped. Need for such related service would, of course, be reflected in the individualized education program (IEP) developed for the handicapped student.

The area of related services has been one which emerged as a problem in the implementation of the single line of authority mandate. Differing laws that govern other agencies which are frequent providers of related services have made it difficult for state education agencies to monitor the provision of these services.

In addition, some agencies, because of Federal monitoring and red tape, have elected to withdraw previously offered related services such as counseling, physical and occupational therapy and vocational rehabilitation. In the words of one administrator of a state supported facility, "The money is not worth the hassle." This has literally forced some state education agencies to assume provision of such services. Needless to say, these added responsibilities have not been accompanied with increased budgetary allotments to cover the costs.

In a somewhat related vein is the lack of clarification of the scope of related services. Agencies are confused about what constitutes a related service as required under the law. Differences between court rulings, Federal laws (Public Law 94-142 and Section 504 of the 1973 Rehabilitation Act) and interpretation by the Department of Education and the Office of Civil Rights on the topic of related services have contributed to the general state of confusion. One excellent example has been the issue of providing psychotherapy. While the Office of Civil Rights has interpreted Section 504 to include psychotherapy as a related service, only within the past months has the Office of Special Education issued a proposed policy statement on the matter. Its recommendation that schools should provide handicapped students with needed mental health services, i.e., psychotherapy or psychiatric counseling, if it will enable them to benefit from special education, now coincides with the stance taken by the Office of Civil Rights. Certainly such an interpretation has major implications for the area of behavior disorders.

While this interpretation may help resolve the confusion and hence unwillingness of schools to provide such services, it also complicates the fiscal situation. State and local education agencies are being pressed to the limit to augment and initiate new services in a time when fiscal restraint in public spending is being encouraged. This is accompanied by the fear that agencies previously offering psychotherapy or a similar mental health service will now withdraw their support, placing the financial burden back on the schools. Furthermore, there is some question as to the increasingly broad scope of related services. In other words, is it reasonable or feasible to expect schools to monitor provision of services which are becoming further and further removed from education?

Advocacy and Behavior Disorders

A discussion of the area of behavior disorders would be incomplete without some mention of the role of advocates. Advocates on behalf of children with behavior disorders take many forms: individuals, agencies and organizations. Most states visited could identify one or more groups who have served as active advocates in the field of behavior disorders. The composition of such groups varied from state to state and included: parents, mental health personnel, teachers of children with behavior disorders, and trainers of teachers of behavior disordered children. While such individuals and groups are apparently visible as advocates, most persons interviewed evaluated the effects of such groups as moderate at best, particularly when viewed in light of the strong advocacy movements in other areas of special education.

Concern was expressed in several instances regarding the adversarial nature that sometimes exists in the relationship between advocates and public school officials. In one instance, we encountered guidelines which had been developed in an attempt to clarify the relationship and enhance positive interactions. These guidelines indicate the need to remain child focused rather than system or parent focused during all advocate-school interactions. In addition, advocates must interact with parents prior to any IEP conference as a means of insuring a more knowledgeable advocate. Moreover the school provides training for advocates and, in the instance of a student's initial consideration as handicapped, sends parents a list of advocates and their phone numbers. The above represented one of the few organized approaches encountered in educational systems to address the use of advocates.

Regardless of the antagonism that can be associated with the use of advocates, there was a general consensus that this was a resource within behavior disorders that has remained largely untapped. As indicated previously, behavior disordered children do not generate an overabundance of affection and concern within some areas of education. Similarly it has been difficult to create or encourage an active advocacy movement on behalf of this population. Interestingly, many personnel interviewed indicated that such a movement would be a valuable asset in the push to improve services to behavior disordered children and youth.

Obstacles to Services for the Behavior Disordered

Much of the information gathered during the project's work was not in the form of facts and figures, but in the form of comments, reactions and evaluations made by the personnel from all populations. The following are some consistently voiced opinions about the major obstacles to complete and effective service delivery for behavior disordered children and youth.

1. State and local education agencies are being required to provide unlimited services with limited resources. Demands of Public Laws 94-142, 89-313, 93-380, Section 504 and numerous court orders and consent decrees are ever increasing the scope of services for which the public schools are responsible. Some of these demands are made even in light of unflinching requirements and for services or agencies over which state and local education agencies have no legal control. Many agencies may provide services to behavior disordered children and youth, but only the state education agency is charged with total responsibility.
2. So much energy, necessarily, is being expended in an effort to "catch up" on service delivery needs that virtually no effort is being focused on prevention or on the special needs of the gifted behavior disordered child.
3. Due to our general lack of skill in dealing with the behavior disordered students, most of the children spend too much time in special programs and do not benefit from planned or supervised reintegration into regular or less restrictive environments. Consequently failure and recidivism is high whether the settings is public school classes, mental health, or youth services.
4. The lack of vocational education services for the behavior disordered is critical in some areas (and problematic in most). Specialized vocational schools

are seldom under mandate to serve any given population and often refuse to admit behavior disordered students. This is one area in which collaboration is vital. At the state level revision of regulations, statutes and/or policy may be necessary to facilitate greater cooperation between special education and vocational education services. At a local level, the IEPs of behavior disordered students should include a vocational emphasis when appropriate.

5. Increasingly strict juvenile codes are hampering individualized evaluation and programming. An example of this is a trend toward court established "sentences" as opposed to simply remanding custody of the youth to the department of social services. In the latter case a program was arranged for the student, completion of which resulted in release. With a mandated sentence, there is no incentive for a youth to cooperatively participate in an educational program.
6. Support services are difficult to obtain for this population. Additionally, school administrators are reluctant to include and/or support such programs in their buildings. Interdisciplinary collaboration is poor. Coordination of services can appear impossible.

In general it appears that a lack of direction in appropriate service delivery is exacerbated by poor support and cooperation. Given an increase in the latter, hope could be held out for more rapid improvement in the former.

Assets to Services for Behavior Disordered Children and Youth

Most of the people interviewed had isolated "strengths" to report in one program or another or in one district or another. Unlike the obstacles which were universally voiced, the assets are seldom as cohesively viewed. This is not to discount the isolated assets. They exist as proof that good work can be done. It is, however, a comment on the generally discouraged and frustrated "state of mind" in the field. Behavior disordered students are often considered the most difficult to work with and the least desirable in terms of jobs, inclusion in buildings, prognosis, etc. Despite all of that, some evidence exists to suggest that things are changing:

1. The Office of Special Education is targeting increasing amounts of money toward the severe end of the behavior disorder continuum. Over time this will help to alleviate some of the shortages in human resources and will allow for the establishment of more model programs.
2. Regular school faculty and administration appear to be becoming desensitized to the behavior disordered population. There is a little less resistance to and slightly more support for programs for these students than existed 3 years ago.
3. State education agency recognition of the needs of these children and youth has increased considerably and consequently more effort is being expended to establish sound, ongoing programs.

Summary

It is apparent as one examines the major and related issues surrounding serving behavior disordered children and youth, that this is an area in dire need of attention. One is also impressed (if not overwhelmed) with the complexity and enormity of the problems involved in trying to overcome the reality and obstacles confronting service to this population. The pressing needs are to cope with the personnel shortages in a creative fashion, to implement the single line of authority mandate, and to clarify the scope of related services.

CHAPTER VI

FUTURE DIRECTIONS AND SUMMARY

Considering the amount and quality of data collected relative to behavior disordered children and youth, it would be presumptuous to present a series of far reaching suggestions for change in the area. However, some issues surfaced consistently enough across all populations that they are appropriate for consideration.

Future Directions

1. There does not appear to be any question that some immediate and well-conceived steps must be taken in the area of human resource needs. The CSPD sections of most APPs are much like the interagency agreements: vague and incomplete. Despite the overwhelming data on shortages of teachers in behavior disorders in at least some areas of all states, and the magnitude of that shortage, CSPD sections seldom speak to comprehensive strategies for combating those shortages. Further, state PARs seldom indicate any substantial corrective actions relative to CSPD activities in a state, again, despite evidence that need is critical. Specifically, of available PARs, 29 indicated no corrective action and 19 indicated corrective action of a "format nature," i.e., a required section of the report was missing. Seldom were content oriented actions suggested. One

necessity appears to be not just for statewide, but for regional planning by IHEs involved in teacher training. As has been discussed, it is virtually impossible for any one training institution to provide training in all necessary options, i.e., elementary/secondary, mild/severe, public school/other environments, etc. Cooperative regional planning appears to be one strategy that a given geographical region can utilize in order to access the variety of teacher needs that will be experienced.

2. Serious considerations must be focused on recruitment and incentive strategies to draw more qualified persons into training programs and then to retain them in the classroom.
3. The role and inservicing of building principals and LEA administrators is imperative. Repeatedly, personnel in all states indicate that no strategy or program will succeed without support of those persons. All inservice providers should be aware of this phenomenon.
4. LEA special education administration needs behavior disorder advocates in the policy and decision making structure. Similarly, personnel knowledgeable in behavior disorders are needed at the SEA level.
5. There is much concern that OSE, due to the pressures of Public Law 94-142, has become a compliance body rather than a leader in the areas of theory, policy and practice. Perhaps some balance of activities can be achieved.

6. Attention must be given to the collection of appropriate data within other public agencies, particularly mental health and corrections. While public schools are perhaps "chafing" under the plethora of data required as part of Public Law 94-142, the obvious lack of such data in other public agencies is discouraging. Although one is hesitant to "wave the red flag" of more paper work, at a minimum it is essential to be able to retrieve accurate, unduplicated counts of children and youth served in such facilities. It should be pointed out that some of these data are currently required by Public Law 89-313, but it appears that such requirements have not been observed on a large scale. Basic data about numbers of children labeled, previous educational placement, numbers served, and placement upon release should be available within agencies providing education to handicapped children. Only a couple of the states visited were able to retrieve such basic information. It does not seem unreasonable to expect that an education director for a juvenile delinquent facility should be able to determine how many of the population were labeled behavior disordered upon arrival, how many were so labeled after intake evaluation and how many certified behavior disordered teachers are programming for them. Data collection systems that may have been adequate when mental health and corrections had "nothing to do with" public schools are inadequate for a time when

children and youth need to be tracked through services and cooperatively handled. Certainly other agencies have established data management and retrieval systems which could be adopted by mental health and corrections. While hopefully it is needless to mention, when such data systems are established agencies should be admonished to make them as compatible as possible across agencies. What is not necessary is a wealth of data that cannot be translated meaningfully by the other agencies serving the same population concurrently or at some other point in time. Cooperative data collection is a first, small step in cooperative program planning.

7. Serious reconsideration must be given to the entire area of related services. Heretofore, the Office of Special Education has responded to clarification of the scope of related services in a piecemeal fashion. Given conflicting interpretations among agencies and between the courts and these agencies, it is necessary to step back and examine both the fiscal and philosophical implications of a broadly defined focus within related services.

8. Both of the previous suggestions are part and parcel of one of the major problems being faced by state education agencies: single line of responsibility. Again the law is clear: state education agencies bear the full responsibility for the education of all handicapped children in the state. Whether the child is provided

an education in a public school classroom, a facility for delinquents or a mental health facility, the state education agency is responsible for the existence of and appropriateness of that educational service. Such responsibility is unfair and meaningless without the authority to make the decisions about the child's education. Congress clearly did not say "state education agencies are responsible for behavior disordered students unless they are in a mental health facility or have been adjudicated." Congress did say that state education agencies were responsible for assuring the education of all handicapped students. State education agencies are going to need the assistance of meaningful interagency agreements and/or supportive state statutes in order to establish that single line of authority for handicapped children and youth. Highest priority must be given to insure the implementation of the requirements of the single line of authority. The Office of Special Education must work closely with the states to achieve this mandate. Establishing clear criteria for interagency agreements is one possible avenue of assistance. Providing technical assistance to states in the area of developing interagency agreements may also be useful. Certainly there are sufficient instances of successful interagency agreements being effected that these can be shared as models for other states. Monitoring the success of interagency agreements will also be necessary. It may be possible that because of the difficulties involved with such agreements the number now in existence and the content of those, actual revision of state law or regulations will be necessary to establish the line of authority. Given interagency agreements in place, state education agencies also need to develop a means of assisting and monitoring the actual implementation of these agreements at the local level. Technical assistance in the form of workshops, handbooks or guidelines should be considered as a means of encouraging collaborative efforts among local agencies. The law cannot be fully implemented until single line of authority is established.

9. The need for re-conceptualized inservice is paramount. Inservice is potentially one of the best methods for upgrading skills of large numbers of professionals. Public schools must recognize that effective inservice requires a time and money commitment. Disillusionment at not getting desired results from "consciousness-raising" half-day lectures is the result of unrealistic perceptions of what good inservice is or unclear communication between inservice providers and recipients as to the purpose of that inservice. Carefully planned, long-ranged inservice provided by a variety of persons with varying expertise should bring about the skill upgrading for which the districts and facilities are looking.

10. Institutions of higher education cannot turn a deaf ear to repeated concerns from local education agencies that teachers are leaving programs unable to deal with adolescent and/or severely behavior disordered students. The change in programs required need not take massive amounts of new dollars, but rather requires a critical look at the range of information and experience offered in existing courses. Inadequately trained teachers will only hurt the field and increase attrition rates.

11. The Office of Special Education must be encouraged to continue its initiatives in collaborative planning at the national level. Such efforts hopefully will be beneficial in reducing the conflicts between the regulations governing the various agencies providing services to handicapped children and youth. Such a reduction might well serve to facilitate the implementation of the single line of authority requirement at the state level. Moreover, such efforts could also serve as a model for both state and local agencies that collaborative agreements can, in fact, be initiated and implemented. An encouraging example of such collaboration is an OSE grant to assist SEAs in cooperative planning with Divisions of Mental Health.

Summary

The primary recommendation of this chapter related to the need for strategies to recruit, train, and maintain sufficient numbers of teachers to serve the behavior disordered population. While there are other concerns relative to numbers and quality of various types of personnel in the area, teachers are clearly the most critical problem and must represent a "first line of attack." This concern is followed closely by that of understanding and utilizing the role of building principal in services to the behavior disordered.

In a more general vein, there are a variety of needs which focus, in various ways, on the need for cooperation among: IHEs, SEAs, mental health, youth services, related disciplines, service delivery agencies, etc. In short, the necessity of collaborative efforts under a single authority is paramount. Without it, the losers are behavior disordered children and youth.

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APPENDIX

PROJECTS FUNDED IN THE AREA OF BEHAVIOR DISORDERS BY THE DIVISION OF PERSONNEL PREPARATION, BUREAU OF EDUCATION FOR THE HANDICAPPED, 1979-1980

This appendix includes the names, addresses and descriptors of projects funded by the Division of Personnel Preparation (DPP), Office of Special Education. The projects are grouped into separate categories according to: (1) Teacher Training Programs; (2) Inservice Programs; and (3) Combined Training and/or Other Programs. Within each section the projects are alphabetized by state.

In choosing the projects for inclusion, the authors' first step was to sort through: (1) the Data Advocacy Sheets as maintained by the DPP/BEH as part of the project review process; and (2) the U.S. Office of Education, Grant and Procurement Management Division Reports, Bureau of Education for the Handicapped for 1978 and 1979. This resulted in a total of 531 projects which appeared to have a possible emphasis in behavior disorders. While this figure includes some duplication of projects, every effort was made to keep such duplication to a minimum.

The 531 projects were each contacted via letter regarding the possible existence of a component in behavior disorders within their funded program. Projects were asked to indicate whether or not they incorporated a significant emphasis in behavior disorders as part of their training. If the response was affirmative, projects were to identify whether this emphasis was part of: (1) the teacher training program (undergraduate or graduate); (2) an inservice program; or (3) other program; e.g., parent training, paraprofessional training, special projects, etc. Three hundred and fifty (350) projects (65 percent) responded. Of that number, 61.3 percent indicated the existence of a component on behavior disorders. More specifically, 42 percent of the respondents indicated this emphasis on behavior disorders was incorporated into their teacher training program, while 34 percent indicated such a focus was part of their inservice training. The remaining 24 percent represent projects in which the emphasis on behavior disorders was part of "other" training or was included in both the inservice and teacher training programs. The latter projects have been grouped together under the heading "combined training."

Each of the respondents who indicated that a component in behavior disorders was an emphasis in their training was contacted and requested to send either a descriptor of the project or relevant information in order that descriptors might be written. Those not responding to this request were contacted a second time.

Information or descriptors were received from 106 projects. Of these 106, 55 projects met the project's criteria of having significant emphasis on behavior disorders. Descriptors are grouped according to the following categories: (1) 22 teacher training programs; (2) 15 inservice programs; (3) 18 other programs. These descriptors have been included in the following appendix.

TRAINING

Contact Person: Dorothy R. Douglas
Address: Department of Special Education
College of Education
University of South Alabama
Mobile, Alabama 36688

Title: Personnel Preparation at the Master's Level in Emotional Disturbance and Learning Disabilities at the University of South Alabama

Description:

This program is intended to provide course work at an advanced level in ED/LD while utilizing what have traditionally been offered as "electives" as a preselected bloc of courses designed to given an emphasis in one particular area of interest to the student. This emphasis area approach has the advantage of combining courses in a planned manner which benefits the student in that all those courses to be taken are known in advance and that a stronger broader base of knowledge is obtained. Most Master's students in the ED/LD program select either the resource/mainstreaming emphasis area or the diagnostics emphasis area.

Contact Person: Ferris O. Henson II
Address: Special Education Department
Alabama Agricultural and Mechanical University
Normal, Alabama 35762

Title: Preparation of Personnel in Area of Behavior Disorders in the Department of Special Education at the Alabama Agricultural and Mechanical University

Description:

Presently, Alabama A&M University offers both an undergraduate and a graduate (Master's degree) program in the area of behavior disorders. At the undergraduate level this leads to an Alabama State B Teaching Certificate and an A Certificate at the Master's level. The programs at both levels can be broken down into a knowledge base component and a skills based component. As time progresses (the program is relatively new) a field-based teacher training sequence will be developed. The emphasis, particularly at the skill level, will be of an applied behavior analysis nature, while the knowledge base will incorporate the myriad of other approaches so that graduates will have a broader perspective. Below are some of the knowledge and skill based competencies:

A. to introduce teachers to the multiple approaches in behavior disorders, to the characteristic behavior of such children, and to relevant writers in the field (knowledge base)

B. to train prospective teachers in the areas of principles of behavior, task analysis, observation, curriculum, IEP's, and assessment.

C. To train Master's level teachers to conduct 4 hour inservice seminars.

Contact Person: Raymond N. Elliott
Address: Area of Special Education
College of Education
P. O. Box 2592
University of Alabama
University, Alabama 35486

Title: Personnel Preparation in the Area of Emotional Conflict at the University of Alabama

Description:

The Special Education Area of the College of Education offers the Emotional Conflict Program for students at the baccalaureate, Master's and postmaster's levels to establish, maintain and improve services received by Alabama's children experiencing emotional problems. The Emotional Conflict Program implements a human science orientation to the specialized education of children whose behavior is so different that they require more individualized education. The overall goal of this program is to increase the frequency of teacher-pupil transactions which routinely lead to adaptive behavior among children.

As programs for the emotionally handicapped proliferate, they are modified to serve local needs. Graduate students are prepared to work in both public and non-public school settings at all levels of the cascade of services. They teach in self-contained and resource classrooms and serve as itinerant teachers and consultants.

Alabama Class A Teacher Certification with endorsement in Emotional Conflict requires eligibility for Alabama Class B Certification in either elementary, secondary, or special education plus a minimum of 24 semester credit hours in designated courses plus completion of all requirements for the Master of Arts Degree. A student may elect to focus study with emphasis in mild and moderate or severe and profound emotional handicaps. In the Emotional Conflict Program, the Master of Arts Degree terminates with certification and/or a thesis.

The Educational Specialist Degree in Emotional Conflict is designed to lead to Alabama Class AA Teacher Certification and to provide individual programs of study developed with each student's career goals in mind. Each student is expected to complete a research paper and exhibit satisfactory performance on comprehensive examinations.

Contact Person: Aldine von Isser, Ph.D.
Address: Department of Special Education
College of Education
The University of Arizona
Tucson, Arizona 85721

Title: Master's Degree Program in the Area of Behavior Disorders at the University of Arizona

Description:

This is a teacher training program leading to an M.Ed. and Arizona Special Education Certificate in the Area of the Behaviorally Disordered. A minimum of 32 units of graduate study are required in this competency based program. The following courses are required:

1. Theory in the Education of Children with Behavior Disorders
2. Methods in the Education of Children with Behavior Disorders
3. Observation and Study of Exceptional Children
4. Colloquium: Behavioral Disorders
5. Practicum: Field Practices in Teaching Exceptional Children
6. Diagnosis and Remediation of Learning Problems
7. Behavior Principles for the Handicapped
8. The Special Education Teacher
9. Language Development for the Exceptional Child
10. Introduction to Educational Research.

Contact Person: Dr. Carl Fay
Address: School of Education
University Park
University of Denver
Denver, Colorado 80208

Title: Personnel Preparation with a Severely Emotionally Disturbed Concentration at the University of Denver

Description:

The overriding goal of this program is to train teachers to work with severely emotionally disturbed children in a variety of settings. The following competencies are required:

(1) Theoretical foundations
(2) Educational assessment
(3) Research skills
(4) Behavior management
(5) Specialized teaching techniques and familiarity with special materials

(6) Communication with other professions and community agencies
(7) Communications with parents, including parent training and counseling.

A second goal of the program was to ensure that appropriately certificated graduates of the program be eligible for endorsement in Educationally Handicapped (E.H. K-12) from the State Department of Education. Consequently, specific courses and practicum experiences had to be included as part of the curriculum.

A third category of goals was determined by the clinical and educational experiences of the staff, and were also effected by their observations of and information received from other SED programs. Among these goals were development of sensitivity, exposure to clinical environments and clinicians, models for problem-solving, ability to use supervision, and an understanding of interactions between intellectual and affective domains.

The aspects that differentiate this program from other Special Education programs are:

(1) The specialization and in depth treatment of the educational, emotional and behavioral problems of the severely emotionally disturbed child.
(2) The amount of time spent in field placements, working with highly competent educators and clinicians in clinical settings.
(3) The teaching structure which provides for the integration of experiences and theory, using an observational problem-solving approach.

The problems of educating the severely emotionally disturbed child are sufficiently complex and difficult to warrant special attention. This child will be involved with clinical personnel or institutions; the educator will have to understand their goals and methods and be able to work as part of a total treatment team. It is the task of the University to provide education to students with the special understandings and skills, the epxeriences, and the problem-solving and analytical techniques to qualify them to work with children having this type of problem. It is with this in mind that we have developed and are in process of implementing the SED Program.

Contact Person: Dr. Robert Algozzine
Address: Department of Special Education
Room #43, Norman Hall
University of Florida
Gainesville, Florida 32611

Title: Personnel Preparation in the Area of the Emotionally Handicapped at the University of Florida

Description:

This project provides programs at the Master's, Educational Specialist and Doctoral levels in the area of the Emotionally Handicapped. The Master's program focuses on training teachers for the public schools. The program is competency based and includes course work in behavior management, assessment, programming and academic instruction. There are two practicum experiences required in two different settings. In the future more emphasis will be placed on practical experiences in the course work.

There are six generic competencies as a focus at the Ph.D., Specialist and Ed.D. programs. These competencies are in the areas of teaching, research and service. They are as follows:

1. Instruction of course work to university students
2. Demonstration of competence in service work
3. Preparation of a research proposal
4. Completion of a research project
5. Writing material acceptable for publication
6. Supervision of students in practicum work

Contact Person: Lynne Raiser
Address: Department of Special Education
College of Education
University of North Florida
St. Johns Huff Road
Post Office Box 17074
Jacksonville, Florida 32216

Title: Preparation of Personnel in the Area of Behavior Disorders in the Department of Special Education at the University of North Florida

Description:

The University of North Florida offers a behaviorally influenced, competency-based program to prepare teachers of emotionally disturbed, mentally retarded, learning disabled, hearing impaired and severely-profoundly handicapped children. Both a bachelor's and a Master's degree are offered but only the Master's in part of the BEH grant.

Under the general special education component, a Master's degree is offered in specific learning disabilities, emotional disturbance, mental retardation, hearing impairment and severe-profound. A student may choose to specialize in one of the above areas or may consider a combination of one disability plus either early childhood, counseling, administration and supervision, reading, elementary or physical education. A student may also choose varying exceptionalities.

Under the low incidence component of the project, a Master's degree is available in multi-handicapped deaf, severely and profoundly retarded, or severely emotionally disturbed (which includes autism).

Our graduate program is flexible enough to design an individualized graduate program for a student. For example, one of our student's is concentrating study on the handicapping conditions of minority students.

The State of Florida uses the term "emotionally disturbed" for certification so we do the same. Most of our students are interested in the mildly to moderately emotionally disturbed children found in most public school settings, but some of our students are interested in being trained to teach institutionalized children or those found in classes for the severely disturbed and/or autistic.

We are located in a large urban area surrounded by rural and suburban communities. We used public schools, private schools, state institutions, and other specialized facilities as field sites for our students. Our program is heavily field based. We have access to programs for the socially maladjusted but since Florida requires no special education certification for teaching SM pupils, we get few students interested in training in this area. Of course, social maladjustment is included in the courses dealing with the disturbed child since so many pupils with SM problems are in the public school classes.

Contact Person: A. E. Alper
Address: Division for Exceptional Children
570 Aderfold Hall
University of Georgia
Athens, Georgia 30602

Title: Personnel Preparation at the Master's and Educational Specialists Level in the Area of Behavior Disorders at the University of Georgia

Description:

This project offers both a Master's level program and a specialist degree in the area of behavior disorders. The ED students are preparing themselves to work in a variety of settings. In most cases, the student graduating with the M.Ed. degree will be certified by the State Department of Education at the T-5 level (Master's). The graduates will be able to assume the roles of a Resource Teacher in public school systems, a Lead Teacher (Educational Therapist, etc.) in a Day-Treatment program, a Classroom Teacher (self-contained) in a variety of educational and institutional settings.

The ED faculty has evolved a three-pronged approach to training. Students may elect one of these and take the appropriate courses and practical experiences. These are not three separate programs but facets of one major program. These are: (a) training as a resource teacher; (b) training as a day-treatment teacher; (c) training as a teacher in a residential and/or institutional center.

Generally speaking, the programs of study will be similar for all three. However, appropriate modifications of the curriculum will be made to reflect the needs and duties of each of the three sub-programs.

The preparation of teachers for the ED field has been historically challenging. Teachers of disturbed children need to be prepared to face the assault of bizarre behavior, attitudes of rejection, and verbal and physical acting-out by the children they are to teach. They need to understand and work with psychiatrists, psychologists, and social workers who have responsibility for the care and treatment of such children and their families. They must be prepared to educate in the domain of social-emotional development. They are confronted with varying social standards and expectations for these children by their families and their communities. They see the compounding effect of severe cultural deprivation on potentially normal emotional responses.

The essential tools these teachers use are reality, rules, social expectations, motivations, drives, feelings, anger, conflict, successes, and failures. They must understand how these powerful forces are manifest at varying developmental stages. They must understand their own responses to these forces. They must learn that they are the catalyst in the teaching process. Often, they are the only agent for change in the life of a disturbed child. They must know where they are headed; what their goals are for these children; what steps they must follow to reach these goals. Finally, the teacher of disturbed children must be able to recognize the accomplishment of an established goal; when new goals and objectives are needed; and when new procedures could enhance and expedite the goal. All of these elements must be included in a program preparing teachers to educate emotionally disturbed children.

Concepts of the therapeutic milieu, psychodynamic processes, behavior modification, relationship and reality therapies, educational therapy, psychoeducational and developmental therapies, prescriptive clinical teaching, and process evaluation are all recognized as having important contributions to the ED field. The result is to develop an eclectic approach. This eclecticism represents a careful integration of selected, workable aspects of proven approaches which are first represented to the students in their original context and then applied in laboratory and field situations. The student is expected to conclude the Master's program with theoretical orientations and specific personal and professional skills to implement and document an effective intervention program.

We need a special word about the specialist's (Ed.S.) degree. The essence of this degree is to supply more depth to the training of the M.Ed. person. There is also emphasis on administrative, research and supervisory experiences. The Ed.S. graduates obtain such positions as county or state consultants, county supervisors, instructors in college programs, etc. Therefore, the Ed.S. consists of a minimum of 45 quarter hours beyond the M.Ed. The program for each student will be planned individually and as a logically organized whole in the light of his/her previous study and experience. Within the student's combined Master's and Ed.S. program, there also is provision for the development of knowledge and competence in research.

Contact Person: Dr. Damaris H. Ouzts
Address: Special Education Department
223 Chestnut Street, S.W.
Atlanta University
Atlanta, Georgia 30314

Title: The Personnel Preparation Program for Behavior Disorders at Atlanta University

Description:

The Program for Behavior Disorders will combine theory with practice and produce as its final output teachers who possess the competencies necessary to provide services to individuals whose educational, vocational, personal, and/or social functioning and adjustment are impaired by a wide variety of behavioral problems.

The Behavior Disorders program will train teachers to serve children and youth in one or more of the following service models: self-contained classroom, resource/crisis intervention room, and residential and/or day care programs.

The essential skills and knowledge which characterize a professional who is competent to provide services to individuals with behavior disorders are fundamentally the same irrespective of the particular delivery system serving the individual. The program proposed has as its major objective the development of skills, through specialized course work, and integrated field and laboratory experiences which will provide the student with the following competencies:

a. Knowledge and comprehension of the various types and causes of behavior disorders.

b. Comprehension of the behavioral characteristics such as cognitive, social-emotional, physical and sensory stages of normal development and the application to behavior disordered individuals.

c. Analysis of the factors contributing to behavior disorders such as psychological, psychosocial and physiological factors.

d. A synthesis of the major strategies to education intervention such as the psychodynamic, the behavior modification, the developmental, the learning disabilities, the behavioral deficit, the psycho-educational, and the ecological and the differential strategies required in self-contained, resource rooms or clinical settings.

e. The application and evaluation of management techniques in the classroom and the ability to devise and carry out appropriate programs of management with behavior disordered individuals.

f. The performance and evaluation of specific diagnostic and educational remedial procedures.

g. The specification and production of a wide variety of diagnostic information into an educational program (Prescriptive).

h. The production and transmission of diagnostic information in oral and written report (Case Study).

i. Analysis of relationships with the individuals and combine effective counseling techniques for the individual and his total family.

j. Employ the hierarchy of services for special education programs for children with behavior disorders.

k. Analysis of the relationships of the various types of delivery systems outside the educational system serving the behavior disordered population.

l. A synthesis of the multidimensional character of behavior disorders and the need for cooperative efforts by allied professional groups in meeting the needs of individuals with behavior disorders.

Contact Person: Joseph D. George
Address: Algonquin Drive
Columbus, Georgia 31907

Title: Personnel Preparation at the Graduate Level in the Area of Behavior Disorders at Columbus College, Georgia

Description:

The program offers a course of study leading to certification and a Master's degree in Education in Special Education with an emphasis in Behavior Disorders. This is a 60 hour program including 15 hours in professional education course work, 15 hours in special education course work and 30 hours of field experience. The program is primarily psychodynamic in approach with some behavioral emphasis.

The Professional Education core includes courses such as advanced educational psychology, educational research, learning theory and history of education. The Special Education core includes behavior management, counseling parents in special education, teaching exceptional children, and some interdisciplinary information. The field work is focused on data based programming, abnormal psychology and methods with materials.

Contact Person: Dr. Gail Harris
Address: Saint Xavier College
3700 W. 103rd
Chicago, Illinois 60655

Title: Interdisciplinary Master's and Inservice Training Programs and Practica in Learning Disabilities, Behavior Disorders, and Advocacy for Practicing Teachers and Full-Time Students

Description:

The project is designed to: (1) train Master's level students in learning disabilities with emphasis on the integration of theory and practice through ongoing and summer practica experiences, training part-time practicing teachers to become learning disabilities specialists with skills applicable to a variety of goals; (2) develop a training and practica pre-service program in behavior disorders; (3) help students to develop knowledge and skills in special education child advocacy; and (4) develop and provide in-service activities to the community and the public and parochial schools.

The major objectives are: (a) to train Master's level, highly qualified specialists to work with the learning disabled and socially/emotionally (behavior) disordered; (2) to prepare students to serve as advocates to special education children and to actively advise and assist parents and handicapped children to becoming knowledgeable and taking advantage of their rights under P.L. 94-142; (c) to provide a variety of informational, technical assistance and support services through inservices and consultation with the schools and the schools and the community. Dissemination is an additional component to this program.

Contact Person: Lyman Boomer
Address: Department of Special Education
Fort Hays State University
Hays, Kansas 67601

Title: Preparation of Personnel in the Special Education Program at Fort Hays State University

Description:

This project is directed to the implementation of PL 94-142 in the sparsely populated regions of western Kansas. The application addresses the need for personnel, the development of training resources, and the delivery of services in western Kansas.

The Special Education Program consists of three major components: (1.0) undergraduate degree program-preservice; (2.0) Master's degree program-inservice; and (3.0) project administration. The undergraduate program attracts students from the rural areas of the State who are more likely to remain here upon completion of their training. The Master's degree program provides inservice training at several locations in western Kansas. The reasons are that no one site, e.g., Hays, has a sufficient number of handicapped children for all of the trainees to have practicum experience. Furthermore, the great distances in western Kansas make a single location impractical. In addition, trainees who are committed to living here because of family ties, are more likely to remain here upon completion of their training.

Approximately 24 undergraduates and 20 Master's degree students are graduated each year. Furthermore, approximately 90 percent of the undergraduates and Master's degree students take positions as special educators, and approximately 90 percent teach in the rural areas of Kansas.

Contact Person: Dr. Walter J. Harris
Address: Special Education Program
College of Education
Shibles Hall
University of Maine
Orono, Maine 04469

Title: Training Program for Special Education Resource Personnel for Rural Areas

Description:

This program enrolls only experienced teachers and results in a M.Ed. degree. As part of their graduate program, each trainee takes six credit hours in Behavior Disorders which consist of a theory-identification course and a methods course. While both courses are psychoeducational in nature, there is a strong learning theory emphasis. As a result of these courses, our trainees are able to complete a behavior profile on any student and understand and apply various theoretical approaches.

Contact Person: Ronald M. Walthuis
Address: Department of Elementary and Special Education
College of Education
343-A Erickson Hall
Michigan State University
East Lansing, Michigan 48824

Title: Master's Degree Program for Teachers of the Severely Emotionally Impaired/Autistic at Michigan State University

Description:

The SEI teaching training program is designed for full-time graduate students who already have certification or approval as a teacher of the emotionally impaired and who have had at least one year of teaching experience with emotionally impaired students. Graduate students selected for this program will complete a one year training program with course work and practicum requirements specifically directed toward educational programming for severely emotionally impaired/autistic students. The training program is field based with students participating in practicum experiences all three terms. The course work is taught concurrently and in conjunction with the various field experiences. Students typically spend three full days per week in each of the field placements and attend classes and seminars during evenings and/or on the remaining two days of the week. Several of the courses are taught at the practicum sites by consultants or lecturers whose areas of expertise are in the competency areas required for teachers of severely emotionally impaired/autistic children. The remaining courses are taught on the MSU campus.

The program focuses on developing teacher competencies in the areas of behavior management, language development, psychoeducational assessment, curriculum development and materials, parent-teacher relationships, pre-vocational and vocational programming, and intensive play techniques. Attention is also given to topics such as: task analysis, non-compliance and hearing procedures, drugs and medication, and research. While some of these subjects are dealt with in specially designed ten week courses, others are discussed in the weekly seminars. The seminars are structured so that any additional concerns and interests can be discussed as the need arises.

Upon completion of the full year training program and a minimum of 45 term credits, the students obtain a Master's degree in Special Education with a concentration on the education of the severely emotionally impaired/autistic child. Graduates of this program will be prepared to teach in public school programs, day care treatment programs and residential treatment programs for SEI/Autistic students. Additionally, it is expected that these persons will be able to serve as a consultation source for local and intermediate school districts who are planning and developing programs for severely emotionally impaired students.

Contact Person: Dr. Frank H. Wood
Address: Special Education Programs
Department of Psychoeducational Studies
Pattee Hall
150 Pillsbury Drive S.E.
University of Minnesota
Minneapolis, Minnesota 55455

Title: Preparation of Personnel in the Area of Behavior Disorders in the Department of Psychoeducational Studies at the University of Minnesota

Description:

The University of Minnesota program for preparing teachers to be licensed as special teachers of seriously behaviorally disordered/emotionally disturbed students is a competency-based program. The courses in the training program are chosen to help trainees acquire the knowledge and develop the skills they will need to be effective teachers of such students. The field practicum(s) and competency documentation seminar are the culminating activities of the program. During the program, and especially during the practicum and seminar, the teacher in training is expected to demonstate and document competence in the skills that define this special teacher role. Since the practicum and seminar are the final stage of training, they will generally follow the completion of all other course work.

Course requirements in the training program reflect general distribution requirements established by our Minnesota state-approved program description. The courses can be grouped into four clusters: (1) Prerequisite courses or background knowledge we assume entering trainees will possess. (2) Foundation courses which provide students with basic knowledge about normal and problem behavior. (3) Academic remediation methods courses through which trainees can develop the skill base necessary for remedial teaching of academic skills. (4) Behavior management/development methods courses and practicum through which trainees develop the special skills needed to manage the behavior of behaviorally disordered/emotionally disturbed students and to help them develop socially approved behavior.

Contact Person: Myrtle Glatzer
Address: Division of Instruction
P. O. Box 771
Mississippi State Department of Education
Jackson, Mississippi 39205

Title: The Personnel Preparation Program in the Area of the Emotionally Handicapped Designed by the Mississippi State Department of Education

Description:

The primary objective of the emotionally handicapped component of this program is to retrain certified teachers to provide educational services to the emotionally handicapped. This is accomplished by means of summer institutes conducted by the universities. All IHE's with special education programs submit proposals for providing the institutes.

Participants are accepted at the request of school districts in need of teachers for planned classes. Priorities for consideration are given to rural districts.

Students take the 12 hours of course work required for certification in the area. Follow up services are provided by the universities.

Contact Person: Ivan Z. Holowinsky, Ed.D.
Address: Special Education Program
Graduate School of Education
10 Seminary Place
Rutgers - The State University
New Brunswick, New Jersey 08903

Title: Master of Education Degree Program in the Area of Behavior Disorders at Rutgers University

Description:

This program is designed to give special education teachers and others working with disturbed children the opportunity to acquire skills and knowledge to deal with the severely disordered and/or pre-school children. Individualized courses of study and practica selection offered the student flexibility and specialization in designing a program emphasizing work with severely disturbed children. It is expected that individuals entering the program have some experience with children, preferably disabled children. New Jersey certification as Teacher of the Handicapped is an option of the program but is offered only in conjunction with the degree.

Contact Person: Sylvia Ross
Address: Special Education
Bank Street College of Education
610 West 112th Street
New York, New York 10025

Title: Personnel Preparation in the Area of Behavior Disorders in Special Education at the Bank Street College of Education

Description:

The graduate program in Special Education at Bank Street College of Education offers an MS in Education and State Certification in the area of the Emotionally Disturbed. Graduates are prepared to fill the following rates:

1. Classroom Teacher, Special Education and Mainstreamed Settings
2. Resource Room Teacher
3. Teacher-Therapist in Public or Private Clinical Setting
4. Therapeutic Nursery, Head Teacher
5. Teachers and Resource Specialists in Residential Treatment and Hospital Settings
6. Leadership-Consultant
7. Curriculum Developer
8. Evaluator and Diagnostician.

Students complete the program in 51 hours. The process includes 15 hours of basic course work, 24 hours of Special Education course work, 12 hours of field work, and advisement which includes observation in a field setting, group and individual conferences, Course and Program Evaluation and an Independent Study class.

Contact Person: Betty C. Epanchin
Address:
Division of Special Education
School of Education
Peabody Hall 037 A
University of North Carolina at Chapel Hill
Chapel Hill, North Carolina 27514

Title: Master's Level Training Program in the Division of Special Education at the University of North Carolina at Chapel Hill

Description:

The special education M.Ed. program is designed to prepare Master's teachers who have the skills to work directly with exceptional children and to serve as support personnel to teachers and administrators in public instruction and in other human resources settings. The Master's program requires a minimum of thirty semester hours of graduate study including two internships. The majority of entering students seek advanced teacher certification within the degree program.

Program planning is focused on a cross-categorical course sequence designed to develop a generic special education knowledge base necessary for working with any exceptional child. The individual student then plans further study, choosing emphasis areas focusing on academic skill training for school-age mildly to moderately handicapped pupils or developmental skill training for moderately to severely handicapped infants and youths. Requirements for certification as a special education teacher in the State of North Carolina are included within the degree program. Students working for a Master of Education (M.Ed.) degree usually complete degree and certification requirements in one year and one summer session, unless prerequisites are required.

The unique aspect of the behavior disorders training program is the two-semester practicum done at Wright School, one of the original two Re-ED centers for emotionally handicapped children. Students spend twenty hours each week working in the classroom, with the liaison teacher-counselors, or with the consultants who train public school and mental health personnel. They receive frequent supervision by the site supervisors, as well as by the university supervisor.

Contact Person: Octavia B. Knight
Address: Education Department
North Carolina Central University
Durham, North Carolina 27707

Title: North Carolina Central University Special Education: Behavior Disorder Component

Description:

The behavior disorder component of the training program is incorporated in the Master's level program in the area of emotional disturbance. Considerable attention is given to managing behavior, characteristics of students with behavior disorders, preventing problems, coping with disruptive behaviors, assessment procedures, curriculum materials, professional responsibilities and other relevant topics.

Regular seminars are scheduled for three hours each week in which a variety of subjects are discussed. These discussions are designed to enable the students to integrate theory with practical experience.

The internship is considered to be a vital part of the program. Field work in various facilities for emotionally disturbed and behavior disordered children is coordinated with Education 5692 Practicum in Emotional Disturbance.

In addition to the course requirements students are required to complete an internship in a certified clinical setting or public school class serving emotionally handicapped youth. During the experience interns gain broader, more indepth understanding, and experiences in areas relevant to behavioral disturbances such as: theoretical concepts and treatment modalities; clinical education processes, techniques, strategies for daily classroom teaching; overview of educational liaison services with public schools; educational diagnosis and assessments; preparation of individualized educational plans; consultation and interaction with total educational staff.

Practicum sites are selected in terms of experiences they can provide for the students, geographic accessibility, and the policy of the facility with regard to providing on site supervision for practicum students. These sites include: (1) Wright School, a short-term residential school (Project Re-Education); (2) Day Care School of the Community Guidance Clinic, a day care facility offering services to young children with behavioral and emotional problems; (3) Preschool Program of the Community Guidance Clinic, a day care program for young children; (4) Children's Psychiatric Institute (John Umstead Hospital, Butner), a long term residential facility for children; (5) Adolescent Unit (John Umstead Hospital, Butner), a residential facility for adolescents; (6) Durham Schools, special education classes in the public school offering services to children who are unable to function effectively in a regular classroom setting; (7) Children's Unit and Adolescent Unit (Dorothea Dix Hospital, Raleigh), long term residential facilities for children and adolescents diagnosed as emotionally disturbed; (8) Memorial Hospital, Children's Inpatient Unit (Chapel Hill), a long term inpatient school for children.

North Carolina Central University is advantageously located and our students have access to the resources of two large teaching medical centers (Duke University in Durham, and the University of North Carolina's Memorial Hospital in Chapel Hill), and two state hospitals (Dorthea Dix in Raleigh, and John Umstead Hospital in Butner).

During the training program students are required to critically evaluate research and theory to determine the most effective procedures for teaching children with specific behavior disorders.

Contact Person: Kenneth Hant

Address:
Department of Special Education
Main and Penn Streets
Bloomsburg State College
Bloomsburg, Pennsylvania 17815

Title: Master's Level Personnel Preparation in the Area of Behavior Disorders at Bloomsburg State College

Description:

This is a generic Master's degree program for teachers already holding Pennsylvania Special Education Certification. A total of 36 credit hours or 30 credit hours and a thesis is required. Nine of the hours are taken in a major special education area.

The requirements for a major in Behavior Disorders are:

(1) Foundations in Behavior Disorders. This is a general topics course including behavior management, identification, assessment, etc.

(2) Interventions. This is a teaching practicum involving visits to the classrooms where the students are working or to the local school classrooms where they are assigned.

(3) Seminar. This is a current issues, readings and discussion seminar in the area of behavior disorders.

In the future, research will be included as a component.

Contact Person: Robert E. Morán
Address: Special Education Program
College of Education
University of Puerto Rico
Rio Piedras, Puerto Rico 00931

Title: The Special Education Program, College of Education, University of Puerto Rico

Description:

The Special Education Program, College of Education, University of Puerto Rico is an undergraduate Teacher Preparation Program leading to B.A. in Elementary Education, major in Special Education with specialization in three handicapping areas: mental retardation, visual impairment and emotional disturbance.

Students who specialize in Behavior Disorders, in addition to the Core Courses (9 credits), take the following courses: "The Education of the Emotionally Disturbed Child, Methods Course: Nature and Needs of the Emotionally Disturbed Child"; "Principles of Abnormal Psychology" and "The Creative Process in Language Structure, Art and Music."

Students carry out Practicum (10 credit hours) with disturbed children in a variety of settings, e.g., school clinics, hospitals and institutes for these children. This practicum involves clinical experiences with normal and disturbed children and culminates with an internship with disturbed children.

Contact Person: Steve C. Imber
Address: Department of Special Education
Rhode Island College
Providence, Rhode Island 02908

Title: Preparation of Personnel in the Area of Behavior in the Department of Special Education at Rhode Island College

Description:

This project presently offers an undergraduate concentration in the area of Emotional Disturbance which includes a certification program in elementary education, a core of special education's courses, methods courses, and student teaching experience in behavior disorders. The undergraduates complete 24 credits of special education coursework including 11 hours focusing on children with emotional problems. At the graduate level a variety of program options include certification programs, part-time Master's programs, and full-time traineeships.

Recently, the Rhode Island State Department of Education has developed new teaching certification requirements. There are no longer categorical certification programs. Thus there is no more "Emotional Disturbance" certification. Revision of undergraduate and graduate programs to meet these regulations and better prepare students for the roles in which they will serve is in process.

Contact Person: William S. Kendall
Address: Department of Special Education
Prairie View A&M University
Prairie View, Texas 77445

Title: The Preparation of Personnel in the Education of the Handicapped (Generic Special Education and Special Education for Regular Teachers)

Description:

This project is designed to train regular education teachers to educate exceptional children in the Least Restrictive Environment according to the provisions of Public Law 94-142. A major component of the project is preparation in the areas of emotional disturbance and behavioral disorders. To facilitate this projection, project participants enroll in University course offerings emphasizing Generic Special Education Teaching strategies. Each teacher is trained for a four and one-half month fall or spring semester, and/or two six week summer sessions. All training is conducted by University Personnel in the Department of Special Education.

The objectives of the personnel preparation program are: (1) To develop a "generic teacher" preparation program specifically designed to train teachers with sufficient knowledge and skills to appropriately educate the handicapped; (2) To increase, among regular education teachers, positive attitudes toward exceptional children and knowledge of different handicapping conditions; (3) To facilitate national and state mandates.

Dissemination and evaluation are additional components to this program.

Contact Person: Martha Snell

Address:
Department of Special Education
Room 152 Ruffner Hall
405 Emmett Street
University of Virginia
Charlottesville, Virginia 22903

Title: Personnel Preparation at the Graduate Level in the Area of Behavior Disorders at the University of Virginia

Description:

This project offers programs leading to a Master's degree, Education Specialist degree, or a doctoral degree in Emotional Disturbance. Ideally prior to graduation all students will have demonstrated that they can function as competent professionals. In part, professional competence can be judged by the following statements.

I. M.Ed. - Upon completion of the Master's program in special education, graduates will be master teachers who:

   A. Will be able to state their philosophy of special education and what they believe is their purpose and function in work with exceptional children.

   B. Will be able to demonstrate their understanding of the learning process by providing remediation or habilitation tasks for individual children singly or within a group.

   C. Will be able to structure the learning environment for probable maximum results.

   D. Will be able to utilize environmental factors outside the classroom that can enhance the pupil's learning and minimize the effect of those factors that tend to inhibit learning.

   E. Will be able to use both objective and subjective techniques for evaluation of the effects of instruction.

II. Ed.S. - Upon completion of the Ed.S. program, graduates:

   A. Will have demonstrated that they are master teachers,

   B. Will provide evidence of the ability to develop, coordinate, and direct local or regional special education programs.

III. Ed.D. and Ph.D. - All doctoral level students at the completion of their program in special education will be able to:

   A. Show mastery of basic concepts of special education

B. Serve as instructors in colleges and universities,

C. Demonstrate the ability to deal with research,

D. Serve as an administrator of special education programs (if administration is a supporting area in the doctoral program).

In all three degree programs students are required to develop competencies in providing inservice. Students are supervised in: (1) measuring teacher behavior; (2) identifying and providing inservice needs; and (3) consultation type inservice, as they provide these services to area schools.

Contact Person: Wilfred Wienke
Address: Department of Special Education
805 Allen Hall
West Virginia University
Morgantown, West Virginia 26506

Title: Personnel Preparation Program in the Area of Disorders at the West Virginia University

Description:

The Department of Special Education offers programs leading to the M.Ed. and Ed.D. degrees in Special Education with teaching certification in behavior disorders, mental retardation and learning disabilities. Programs in other areas of exceptionality are currently being developed.

Master's programs prepare students to work professionally with exceptional individuals after 36 hours of course work and practica. A research thesis may be substituted for the practicum requirement where appropriate.

The program in Behavior Disorders is designed to prepare professionals to teach pupils who exhibit social and emotional variances in behavior by reprogramming academic and social activities so that such pupils experience success in school.

The program consists of special education courses on the nature of behavior disorders, behavior dynamics in home, school and community, and curriculum and methods, as well as related courses in counseling and psychology. Both full and part-time students are accepted.

Students who complete the course work and practicum may be certified to teach pupils with Behavior Disorders in resource rooms, classrooms and itinerant programs for Grades K-12.

INSERVICE

Contact Person: Carmen Blalock
Address: Human Services
P. O. Box 2216
John C. Calhoun State Community College
Decatur, Alabama 35602

Title: Human Resource Program

Description:

This program trains workers to serve clients experiencing emotional, behavioral, and situational difficulties, or difficulties due to mental retardation or other handicapping conditions. The program is designed as a two-year career degree, yet will permit successful articulation with four-year colleges and universities.

A Linkage Program is available for persons already employed in clinical settings. This program permits a full-time employed person to work toward an Associate Degree in Human Services. For information regarding the Linkage Program contact an instructor in the Human Services Program.

In addition to course offerings leading to the AAS degree, the Human Service Program offers non-credit workshops on various topics. CEU credit is awarded for participation in these workshops, which have in the past included such topics as behavior management, the role of the paraprofessional, principles of instruction, normal vs. abnormal development, and P.L. 94-142. The Human Service staff is also available to consult with agencies in providing needs assessments for training and in designing and implementing inservice training.

Training options related to Behavior Disorders include:

BEHAVIOR MANAGEMENT TECHNICIAN (BMT)

Students graduating as a Behavior Management Technician will function in a capacity of behavioral program development, coordination and implementation. The technician may function in an educational, recreational, mental health, mental retardation, or industrial environment. Skills demonstrated by the Behavior Management Technician will include observation and documentation of behavior, data based decision making, program selection and implementation, and program evaluation. Job opportunities may be found in the state employment categories of Mental Health Technician I and II, Human Services Aide I and II, and Correctional Counselor Trainee.

CORRECTIONS TECHNOLOGIST (CRT)

This option prepares graduates to function in a direct service delivery role as support personnel to correction professionals. Graduates possess skills in group counseling, interviewing, behavior change techniques, and knowledge of community resources and the referral process. Program emphasis is rehabilitative. Employment setting range from those utilizing preventive approaches to treatment of the incarcerated. Graduates should make application for merit system exam with state employment agency.

MENTAL ILLNESS TECHNICIAN (MIT)

Course work and field experience are designed to provide graduates with practical skills in serving the mentally ill in hospitals, community mental health facilities, group homes, etc. Graduates should submit applications for employment to Alabama Personnel Department during the last quarter of study.

BIOFEEDBACK TECHNICIAN (BFT)

Graduates of the Biofeedback Technician option will function as an assistant to professional biofeedback services. The student will have specific skills in the identification of stress related disorders and corresponding response stereotopy, selection and operation of biofeedback instrumentation training management, documentation, and evaluation. The technician will be capable of following the treatment regime designed by the professional, implement relaxation and stress innoculation procedures, and assess training gains through data based evaluation. Current job opportunities exist within the state classification of Mental Health Technician I and II. External certification is available through the California Biofeedback Society of America.

SPECIAL EDUCATION TECHNOLOGY (SET)

This option prepares graduates to function in a supportive capacity to psychology, behavioral science or education professionals. Course work and field experiences are designed to provide graduates with practical skills in serving exceptional individuals in developmental centers, public schools, group homes, etc. Emphasis is on characteristics, individualized programming, resources, and the teaching-learning process.

Contact Person: Sue B. Akers
Address: Program for Exceptional Children and Youth
868 State Office Building
Montgomery, Alabama 36130

Title: Alabama SEA Plan of Action for Personnel Preparation

Description:

This project is designed to provide course work and in-service work in the areas of Emotional Disturbance, Visual Impairment, and Learning Disabilities for already certified teachers. Upon verification of teacher certification, participants may attend any college or university that offers course work in their chosen area of exceptionality. Attendance is required at "idea exchange" in-service training weekends held in the fall and spring. A third component requires the IHE instructors to serve as consultants in the classrooms of the participants.

Contact Person: Albert Marshall/Judy Basta-Brislain
Address: Center for Regional and Continuing Education
California State University, Chico
Chico, California 95929

Title: Inservice Training Project by the Center for Regional and Continuing Education

Description:

This inservice project consists of three modules: (1) Legislative Overview/Mainstream Orientation; (2) Educational Assessment: The Student and his Curriculum; (3) Techniques in Mainstreaming and the Individual Education Program.

In Module 1 we look at the general characteristics of the emotionally disturbed and the behavior patterns of the other handicapping conditions. In Module 2 we are concerned with identifying the needs and self-concepts of individuals with exceptional needs. Work with the Piers-Harris, and the Coopersmith is also included. These two instruments were chosen to facilitate the classroom teacher in assessing the needs of all individuals in the instructional program.

In Module 3 one session focuses on the affective domain and how to deal with misbehavior in the classroom. The logical consequences model is explored. Throughout Module 3 techniques deal with behavior and motivation as much as teaching strategies.

Contact Person: Dr. Robert Gaylord-Ross
Address: Department of Special Education
1600 Holloway Avenue
San Francisco State University
San Francisco, California 94132

Title: Inservice Personnel Training of Teachers of the Severely Handicapped

Description:

Inservice City is a BEH-funded personnel training grant awarded to San Francisco State University (1977-1980). The focus of the project is to train teachers of severely handicapped students in the techniques of systematic instruction and to enable them to earn the California severely handicapped credential. The teachers currently instruct autistic, trainable mentally retarded, and severe multiply handicapped students. An emphasis is placed on behaviorally oriented techniques that the student must carry out in practicum supervised settings. In addition, curricular content for severely handicapped students is transmitted in the areas of communication, motor, social, vocational, and cognitive skill development.

Contact Person: Ms. Brenda Briggs
Address: Community Services Division
P. O. Box 1046
Manchester Community College
Manchester, Connecticut 06040

Title: Manchester Community College Inservice Training Project

Description:

The purpose of this project is to design and to implement a replicable program of inservice training. The core of the project is a Community College based facilitator model designed to assist in providing a least restrictive environment for handicapped students who are placed in a regular classroom. The model consists of (1) a needs assessment conducted by an advisory group composed of regular classroom teachers; (2) development of workshops addressed specifically to the assessed needs, including the production of instructor's and participants' manuals; (3) training sessions are conducted by local personnel, which provide support for on-the-job application and the opportunity for feedback; and (4) evaluation of the effectiveness of the training sessions and the entire project. Through this ongoing evaluation process, the project is constantly changing and evolving to respond to newly-perceived needs and to increase its impact on handicapped students.

The workshops specifically in the area of behavior disorders include: Managing Atypical Behavior at the Elementary Level and Managing Behavior at the Secondary Level.

Contact Person: Michael J. Horvath
Address: Monroe County Community School Corporation
Administration Center
315 North Drive
Bloomington, Indiana 47401

Title:

Description:

This project intends to train regular education teachers to work with children experiencing problems in regular classrooms pursuant to the intentions of Public Law 94-142. The model of inservice is building-based, provided during school hours, and staffed by peers who have demonstrated knowledge, skills, credibility, and empathy for the regular classroom teacher. The project begins with regular class teachers in each of five buildings identifying the peer they feel is the functional instructional leader. That teacher is trained during a one-month intensive summer program in special education diagnostic and management techniques to return to his/her building as full-time teacher consultant responsible for the on-site inservice training of colleagues. The consultation is ongoing, and it provides for additional weekly team-building meetings where referrals will be discussed and monthly inservice sessions for principals and teacher consultants to further knowledge and provide support. After the first year, five new teachers will be trained while the first year's participants return to their regular classroom assignments. Five more teachers will be trained the third year. The project serves the full socioeconomic spectrum across urban, suburban, and rural populations. There are extensive provisions for evaluation and dissemination increasing potential for replication.

The major objectives of this project are as follows:

1. Regular classroom teachers will increase positive attitudes toward exceptional children, increase their knowledge of differing handicapping conditions and be able to demonstrate appropriate instructional interventions.

2. Regular classroom teachers will be able to maintain exceptional children in their classes for increasingly larger percentages of the school day and report fewer discipline problems to building administrators.

3. Regular classroom teachers will increase their knowledge and skill in providing a variety of supportive services for children.

4. Teacher consultants will be trained to assist regular class teachers in the referral, assessment, planning, programming and evaluation of a mainstreamed

handicapped child identified for placement in regular classes for at least 20 percent of the school day, and children identified for special education but who have not been formally evaluated or placed by a case conference committee.

5. Teacher consultants will be trained to assess, program and manage children experiencing problems in school.

6. Principals will develop positive attitudes toward exceptional children, increase their knowledge of differing handicapping conditions and be able to chair building instructional team meetings.

7. Special education teachers will support teacher consultants and regular classroom teachers with the integration of handicapped children and the coordination of their programs with all other programs in the building.

8. All building staff will develop ways of providing a variety of supportive services to meet individual needs of children.

Contact Person: Carl Smith
Address: Special Education Division
Department of Public Instruction
Grimes State Office Building
Des Moines, Iowa 50319

Title: Special Study Institutes

Description:

This project provides three institutes for personnel preparation in the area of Severely Emotionally Disabled. The title and a description of each is provided as follows:

1. Title: Training of professionals working with autistic children and young adults.

   Overview:

   This special study institute will have two primary components. The first of these is to provide an extended (three week) summer training program for various professional groups who are involved with the education of autistic pupils. The second component will provide for ongoing inservice to these professionals and others dealing with autistic pupils.

The summer training component will provide inservice training for approximately sixty professionals. Each of the fifteen intermediate educational agencies (AEAs) in Iowa will be represented by a team composed of a consultant in the area of emotional disabilities, a classroom teacher working with autistic pupils, a school psychologist and a speech clinician. Following this training these professionals will comprise a regionally based support team to assist with any instructional programs specifically for autistic pupils operated by LEA or AEAs and to serve as a resource for any autistic pupils served in other types of special education programs.

The ongoing support component of this special study institute will be closely tied to the activities of the Autism Planning Committee which was originally initiated by the Iowa Department of Public Instruction, Division of Special Education, in 1977. Among the potential activities to be supported through this component will be ongoing support to the AEA teams involved in the first component and the development of written materials to be made available for state-wide dissemination to AEAs and college and university training programs. Up to ten days inservice programming will be provided by this second component.

2. Title: Training of Leadership Personnel in Emotional Disabilities

Overview:

This three-five day special study institute (SSI) is designed to provide instruction to 40 leadership personnel in the areas of emotional disabilities/ chronically disruptive. Included within this population will be ED/CD consultants and supervisors, supervisors of psychological services, university training personnel and representative teachers of the emotionally disabled and chronically disruptive. Content and objectives for this SCI will be based on a needs assessment completed in the fall of 1979.

Four instructors with documented expertise in content areas will present or co-present the components of this SSI. Evaluation will consist of participant response and a follow-up documentation of leadership activities initiated by the participants.

3. Title: On-Site Training of Personnel Initiating Programs for the Emotionally Disabled

Overview:

The major purpose of this special study institute (SSI) is to provide on-site training for those professionals involved in initiating new programs for the emotionally disabled. The content of these two-day training opportunities will include: (1) the opportunity for on-site training of personnel involved with new E.D. programs, (2) the provision of consultants from successful programs to advise beginning programs, and (3) individually designed training programs based on the needs of professionals beginning new program. Evaluation will consist of (1) participant response to the program, and (2) documentation of site visit concepts integrated into new programs.

In addition to this primary objective, a mechanism will be provided for established programs to share successful techniques, models, etc., with new programs. This will be done primarily through Iowa Perspective a statewide newsletter.

Contact Person: Denise Bryant
Address: Bureau of Education for Exceptional Children
Department of Education
Frankfort, Kentucky 40601

Title: Communication/Coordination of Home-School Programs to Implement the IEP Institute for Parents and Teachers of Learning/Behavior Disturbed Children

Description:

An Institute for parents and teachers of learning/behavior disordered children is being developed which focuses on communication/coordination of home-school programs to implement the IEP.

Modules which were developed by the Bureau's Child Service Demonstration Center will be used for a portion of the workshop sessions. These modules focus on the following topics:

- Behavior Observation
- IEP Implementation:
  - Behavior Management
  - Learning Styles
  - Class Management
- Behavior Interactions in the Home

Each module is divided into four sections. The Instructors Guide contains a usage summary, module objectives, and a content outline which will aid the inservice coordinator in determining whether the module meets the needs of the prospective audience. The module lesson plan will assist in organizing the presentation; test and activity keys are also included. The Script outlines the actual presentation, complete with sample narrative and cues for the presentor. The Transparencies section contains masters for preparing necessary visual aids; the Participant Materials component provides masters of handouts and optional tests which can be reproduced and used in conjunction with the presentation. Acknowledgments to individual contributors for each module are credited in the module.

Contact Person: Peter F. Demers
Address: Hampshire Educational Collaborative
58 Pleasant Street
Northhampton, Massachusetts 01060

Title: Regular Education Inservice for Employed Professionals Working within the Hampshire Educational Collaboration

Description:

This inservice project is designed to train special and regular education teachers in preventative and supportive skills as well as resource sharing for special needs students. Teachers participate in a variety of half semester inservice courses in understanding the special needs students. Medical influences on behavior, environmental influences, learning and teaching styles, classroom management, and curriculum development in basic skill areas are covered.

Additional staff participate in support groups which encourage problem solving and resource linking. A variety of links with local colleges, including computer capabilities, are being developed.

Contact Person: John Saylor
Address: Division of Special Education
State Department of Education
933 High Street
Worthington, Ohio 43085

Title: Inservice Training for Teachers of Severe and/or Multiply Handicapped and the Severely Behaviorally Handicapped

Description:

Preserve and inservice training will be provided on a regional basis for teachers of children with severe and/or multiple handicaps and those with severe behavior handicaps. Two-day workshops will be conducted which train new teachers and retrain existing teachers of children with severe and multiple handicaps and those with severe behavior handicaps. This training will occur at four regional sites in the state. There will also be follow-up activities with the same workshop participants through the same regional sites. Evaluation procedures are also a component to this project.

Contact Person: Phyllis Lee
Address: Education Service Center, Region XIII
7703 N. Lamar
Austin, Texas 78752

Title: Training Program for Teachers of the Seriously Emotionally Disturbed

Description:

The S.E.D. training program is a competency based, modular, developer-free, multi-media inservice training program specifically designed for teachers who work with seriously emotionally disturbed students. It is based on competencies that were identified as critical for teachers who work with the seriously emotionally disturbed. At the present time Project S.E.D. is in the second year of implementation. The training design has been established and the modules have been developed. The training will be field tested through nineteen Education Service Center Regions throughout the state of Texas during the spring of 1980. The results of the field test will be analyzed and the material will be revised based on the results during the 1980-81 project year.

The S.E.D. materials include approximately fifty hours of inservice training which can be presented in one ongoing training session or individually by module. The modules are as follows:

Module I - Introduction to Teaching the Seriously Emotionally Disturbed
Module II - Burnout: Finding Energy after the Honeymoon
Module III - Where do Emotions Come from (This module is from Project PEACE - Personal Effectiveness Action Center for Educators)
Module IV - Controlling Job Stress
Module V - Environmental Consistency
Module VI - Introduction to Behavior Management
Module VII - Crisis Intervention
Module VIII - "Surface Management Responses and Techniques for Conflict at the Secondary Level"

"Problematic Students in the Public Schools: The Outer Dimensions of Classroom Conflict"

"Beyond Surface Control to a Process of Classroom Management: An Introduction to the Dimensions of Affective Teaching"

Contact Person: Dr. Donald Whitney
Address: Special Education Director
Educational Service District 121
1410 S. 200th Street
Seattle, Washington 98148

Title: Behaviorally Disabled Training Package

Description:

The B.D. training package provides assessment personnel and instructional staff with an overview of this particular handicapping condition. The training objective is to provide assessment personnel and teachers with a thorough understanding of the need for assessment, documentation requirements, and goals and objectives which flow from the assessment process which reflect the behavioral disabled student needs. Emphasis is given to teaching to both the academic and emotional objectives and continuous measurement of the students' behavior.

A checklist identifying "typical" behavioral characteristics which usually reflect the behavioral disability is also provided participants of the workshops.

Contact Person: David M. Kirk
Address: Educational Resource Center South
863 Sweetwater
Fremont County School District Number One
Lander, Wyoming 82520

Title: Regular Teaching Inservice: Developing a Cadre of Local Teaching Personnel for Educationally Handicapped Students

Description:

This project is designed to train regular classroom teachers to work with educationally handicapped students in the regular classroom. Through three one-week summer workshops (Methods of Teaching the Educationally Handicapped; Curriculum Development for the Educationally Handicapped; and Career and Vocational Education for the Educationally Handicapped) a rationale for working with handicapped students in the regular classroom will be developed. Throughout the year each teacher will be involved in three practicum settings. Additionally, a Seminar will be held each month of the school year.

The major objectives of this project include:

1. To utilize principles of behavior management in working with handicapped.
2. To evaluate, select, and use instructional resources for handicapped students effectively.
3. To apply principles of career development in the teaching process.
4. To demonstrate competence and knowledge of career education and vocational education theories in working with handicapped students.

Dissemination and evaluation are also components of this project.

COMBINED

Contact Person: Mrs. Zemula Camphor Bjork
Address: Special Education Paraprofessional Program
S.D. Bishop State Junior College
351 North Broad Street
Mobile, Alabama 36603

Title: Special Education Paraprofessional Training Program at S.D. Bishop State Junior College

Description:

The Special Education Paraprofessional Training Program is a two-year program leading to the Associate in Applied Science Degree. This program is designed to prepare individuals to work as assistants in educational settings for exceptional persons: the mentally retarded, the learning disabled, the emotionally disturbed, the visually and auditorily impaired, and the physically handicapped. The curriculum is structured to include classroom group instruction, independent study and experiences that provide opportunities for learnings that are both knowledge and performance based.

The special education paraprofessional is a person who is trained to assist certified special education staff with the educational activities and tasks of exceptional persons. As a member of a team, the paraprofessional carries out activities and plans that are formulated, directed, and supervised by the professional staff.

Contact Person: Steven R. Forness
Address: Mental Retardation and Child Psychiatry
405 Hilgard Avenue
University of California
Los Angeles, California 90024

Title: UCLA Neuropsychiatric Institute School

Description:

The NPI School serves some 60 to 70 children who are hospitalized on the inpatient wards of the UCLA Mental Retardation and Child Psychiatry Program. These children are admitted for extended evaluation and/or short term treatment which lasts for 4 or 5 months on the average. Children attend school for 3 hours per day as part of a total interdisciplinary program. Although these children might be diagnosed as mentally retarded, autistic, emotionally disturbed, or learning disabled, each is placed in the NPI School on a noncategorical basis which stresses "readiness to function in a classroom setting." This readiness is determined by each child's level of functioning in six areas: curriculum or developmental level, type of teaching materials needed, modalities which the child uses in a learning situation, type of instructional group required, and levels of reinforcers or aversive consequences needed for classroom management and motivation.

The NPI School is also a training setting in which both education students and other professionals in psychiatry are given experience in special education practices. It is, finally, a research laboratory, in which a variety of approaches to assessment and education of exceptional children are developed and evaluated.

Contact Person: Frank M. Hewett, Ph.D.
Address: Department of Education
University of California, Los Angeles
Los Angeles, California 90024

Title: Project 3PI, Planned Positive Peer Interaction

Description:

This project is devoted to developing a curriculum for increasing the chances that the interaction between an integrated handicapped child and his nonhandicapped peers will be more favorable. The project developed a series of games in which children were indispensible to each other.

About-to-be-mainstreamed children who were in special day classes were trained to be teachers of games involving two children which leads to a mutual reward.

Evaluation and dissemination are also components of this project.

Contact Person: Tom Cooke or Joan Ruskus
Address: Academic Foundations, Inc.
Sonoma State University
California Institute for Human Services
Stevenson, Room 2001
1801 E. Cotati Avenue
Rohnert Park, California 94928

Title: Pediatric Intervention Program

Description:

The service delivery of this program involves implementing instructional objectives relating to the physiological and behavioral development of 25 children raning in age from birth to 6 years. The children are multi-handicapped, profoundly retarded and medically fragile. It also includes specialized training for staff, services for parents, and coordination of activities involving other community facilities, public institutions, and local school districts.

The following are the identified objectives of the project.

a. To identify and local all children from ages birth to 5 that demonstrate or are suspected to have a severe degree of physical, mental, or emotional disability in Napa County.

b. To develop a model of assessment, program planning, intervention, and transition that will facilitate multi-handicapped children's optimal development and adaptation to their environments.

c. To develop a criterion-referenced assessment tool that accurately measures multi-handicapped, young children's developmental levels in several domains and a supplementary curriculum system that provides instructional objectives and plans for each assessment item.

d. To solicit parental involvement in all project components and to act as a resource for support and training.

e. To develop an inservice program for all project staff that will provide training in all aspects of service delivery for children (planning, assessment, intervention and transition); evaluation and demonstration/dissemination.

f. To mobilize community resources in the provision of services for project children and to coordinate project efforts with those in the community.

g. To evaluate each project component in a thorough, systematic and data-based manner.

h. To assure that the project's operational model and products are developed in a manner that merits distribution and to initiate dissemination of the model to the community, especially those organizations capable of providing continuation funding.

Contact Person: Dr. Grace Hodgson
Address: P. O. Box 1530
Santa Fe Community College
Gainesville, Florida 32602

Title: Career Associates in Special Education

Description:

This project is a one year paraprofessional training program leading to paraprofessional certification in the state of Florida, or a two-year Associate of Arts or Associate of Science degree.

The emotional disturbance components involves all trainees in a behavior management course and emotional disturbance is discussed in the overview of Special Education courses. For certification or a degree, a practicum experience is required. Resource rooms for the emotionally disturbed in the public schools, an Alternative School for the Emotionally Disturbed and several other locations are available for those emphasizing the emotional disturbance component of the program.

There is also an inservice component to this project.

Contact Person: O. Leon Harley
Address: Department of Special Education
University Plaza
Georgia State University
Atlanta, Georgia 30303

Title: The Preparation of Personnel in Special Education Preservice and Inservice at Georgia State University

Description:

This project has seven subcomponents responding to four of the BEH priorities at both preservice and inservice levels.

Subcomponent 1.0 prepares M.Ed. and PMA personnel to meet the educational needs of moderately and severely retarded, emotionally disturbed, and multihandicapped children. It employs a multicategorical approach based upon a functional/behavioral view of children. This subcomponent also includes the programs to train teachers of the visually impaired and hospital and home instruction, both of which uses the summer institute format.

Subcomponent 2.0 provides inservice and preservice training to persons working with Mildly Handicapped--retarded, behavior disorders, learning disabilities--using a cross-categorical approach. In addition to training Master's degree level teachers, it prepares leadership personnel in LD, BD, and EMR at the Specialist and Doctoral levels.

Subcomponent 3.0, Communication Disorders, contains two programs at the M.Ed. level. The first trains Speech-Language Pathologists, the second prepares teachers of the Hearing Impaired.

Subcomponent 4.0 prepares M.Ed. and Ph.D. level personnel in Special Education Early Childhood Education. The M.Ed. students are trained to identify, prevent, and remediate potentially educationally significant learning problems. The Ph.D. program provides experiences in supervision, instruction and research.

Subcomponent 5.0 prepares Prevocational Teachers (M.Ed.), Related Vocational Instructors (M.Ed.), and Prevocational Coordinators (Ed.S.) for the Mildly Handicapped in a cross-categorical approach.

Subcomponent 6.0 prepares Ed.S. and Ph.D. level Administrative and Supervisory personnel for leadership positions in local and intermediate education agencies and in the State Agencies.

All of these subcomponents provide workshops, courses, or other activities for local school districts with whom they work closely.

Subcomponent 7.0, Inservice, provides for (a) on and off campus courses for non-special education students at the undergraduate and graduate levels, and (b) special workshops, Institutes, and other experiences for paraprofessionals and professionals working with handicapped and nonhandicapped persons (regular educators), and (c) coordination of all Departmental inservice activities internally and with other agencies. These activities are determined through needs assessments and specific requests from local schools or the State Department of Education.

Contact Person: Mary M. Wood
Address: Division for Exceptional Children
570 Aderhold Hall
University of Georgia
Athens, Georgia 30602

Title: The Rutland Center-Developmental Therapy Model for Serious Emotionally Disturbed and Autistic Children

Description:

The Rutland Center-Developmental Therapy model is a therapeutic curriculum for social-emotional growth. It is used in a classroom setting with five to eight individuals in a group and is based on the assumption that severely emotionally disturbed or autistic children go through the same stages of development that normal youngsters do, but at a different pace. The curriculum focuses on the normal social-emotional milestones which all children must master. By doing so Developmental Therapy has established itself as a "growth model" rather than a "deficit model."

The model is composed of four curriculum areas (behavior, communication, socialization, and pre-academics) arranged in five developmental stages, each requiring different emphases and techniques. Special services to parents are an integral part of the approach. Developmental Therapy also emphasizes concurrent placement with nonhandicapped children. This mainstreaming aspect of the model requires that regular school experiences mesh smoothly with the intensive Developmental Therapy experiences.

Progress through stages is measured by the Developmental Therapy Objectives, 171 statements outlining a sequence of developmental milestones. Mastering these objectives makes normal growth possible. Each child's IEP focuses on appropriate social-emotional objectives, and children are grouped by objectives. Data collected clearly show sequential mastery and steady progress by children. The model has been field-tested since 1970 and was approved by the NIE/USOE Joint Dissemination Review Panel in 1975 (JDRP No. 75-63).

The Developmental Therapy Institute provides inservice training, consultation, and technical assistance in two ways.

1. The Institute staff can provide on-site, year long training at your location. The emphasis is on meeting specific training needs of teachers working with emotionally disturbed children in their own settings. The Institute staff conducts an initial assessment of training needs, designs an inservice sequence suited to the agency and individual trainees' needs, and implements the training program at the agency site with periodic visits throughout the school year.

2. Intensive and in-depth training for persons in direct service, supervisory and leadership positions can be obtained in Athens, Georgia through an eight-week training program at Rutland Center and the University of Georgia.

Contact Person: Dr. Stephan Lilly
Address: Department of Special Education
288 Education Building
University of Illinois at Urbana-Champaign
Urbana, Illinois 61801

Title: Resource/Consulting Teacher Program

Description:

The Resource/Consulting Teacher (R/CT) program is a Master's degree program consisting of approximately 12 units of course work (including practicum and electives).

The R/CT training program has a commitment to helping students with problems of academic learning and social behavior, keeping them in the regular classroom as much as possible. The R/CT program is non-categorical, and trains teachers in behavioral definition of the problem(s) which led to referral of the student for special help, direct assessment of the identified problems, instructional intervention, and direct measurement of teaching outcomes. The program includes course work on problems of academic learning, problems of study/social behavior, principles of resource/consulting teaching, and consultation with and training of others involved in the education of children. In addition, some elective course work is included in the program to address trainee-identified areas of need for further study.

Trainees who successfully complete the R/CT training program will be eligible for an Illinois Standard Special Type 10 Certificate, with endorsements in learning disabilities, educable mentally handicapped, and social/emotional disorders. This program is approved by the University of Illinois and the State Teacher Certification Board.

Contact Person: Richard L. Simpson
Address: Department of Special Education
Haworth Hall
University of Kansas
Lawrence, Kansas 66045

Title: Resource and Inservice Program to Disseminate Information about Educational Procedures for the Severely Handicapped Children and Youth

Description:

This project will consist of a preservice and inservice program designed to disseminate relevant inforamtion about educational procedures for severely handicapped children and youth and to instruct classroom personnel in procedures for training and educating this population. The specific target group to benefit from these training services will be autistic and autistic-like children and adolescents. The present project will utilize current training, dissemination, consultation, and demonstration services within the Department of Special Education at the University of Kansas and the University of Kansas Medical Center and specifically the longstanding quality training program in Emotional Disturbance within the department. These current resources and the present well-established training model will be augmented via the current project to provide a limited number of degree seeking students and a greater number of degreed students seeking inservice training in specific techniques and curricula relative to the education of autistic and autistic-like pupils. Individuals completing either the preservice or inservice programs will be qualified to assume teaching and/or consultation roles in public schools, community agencies and public and private residential facilities which have educational programs for autistic and autistic-like children and adolescents.

Contact Person: Betty R. Schultze
Address: Judevine Center for Autistic Children
P. O. Box 28943
St. Louis, Missouri 63132

Title: The Personnel Training Consortium for Severely Emotionally Disturbed Handicapped Preschool Children

Description:

The Judevine Center for Autistic Children, Fontbonne College, Maryville College, Saint Louis University, University of Missouri-St. Louis, Washington University, Webster College and CEMREL, Inc. have united to develop a Personnel Training Consortium for Severely Emotionally Disturbed Handicapped Preschool Children. The Consortium, in its second year of operation, has as its purpose to provide a series of training sessions to increase the quantity and quality of personnel for the education and treatment of autistic and other severely behaviorally handicapped children.

The Personnel Training Consortium for Autistic and Severely Emotionally Disturbed and Handicapped Preschool Children will provide preservice and inservice training programs for administrators, teachers, paraprofessionals, volunteers and parents involved in the education and treatment of autistic and other severely behaviorally handicapped children.

A competency-based curriculum will be planned, coordinated and implemented. The competency-based curriculum will include didactic course work, structured observation, simulation, audio coaching, video feedback, short term intensive practicum and long term internship/practicum. This consortium effort which will utilize the combined expertise of the Judevine Center and St. Louis Metropolitan area higher education institutions, for the implementation of rigorously documented and evaluated coordinated continuum of personnel training (i.e., preservice through inservice and undergraduate through graduate).

Contact Person: J. Gregory Olley
Address: Division of TEACCH
Administration and Child Research Project
Department of Psychiatry
University of North Carolina at Chapel Hill
Chapel Hill, North Carolina 27514

Title: Division TEACCH (Treatment and Education of Autistic and Related Communications Handicapped Children)

Description:

Division TEACCH is a division of the Department of Psychiatry at the University of North Carolina at Chapel Hill. It is funded directly by the state legislature to provide services for autistic and related communication handicapped children and their families through five regional TEACCH Centers and ten state-funded classrooms. In addition to those classrooms, there are eighteen classrooms funded by locally controlled Title 6-B funds. The TEACCH Centers provide initial evaluation and extended evaluation of autistic children. They emphasize the involvement of parents in the evaluation process and the design of home programs for the children. This evaluation information is also used in the design of classroom programs. Children evaluated in the TEACCH Centers may be placed in one of the twenty-eight TEACCH-affiliated classrooms or in another public school classroom in their locality. All of the TEACCH classrooms, except one university-based demonstration classroom, are located in public schools.

The focus of personnel preparation is inservice training of special education teachers who serve autistic children. Inservice training is provided through a variety of formats, and these activities are evaluated in order to determine the most effective means of providing inservice training in this area. The long-term goals are the development of training methods, the specification of skills needed by teachers serving autistic children, and the dissemination of these approaches to other states.

Teachers in classrooms affiliated with TEACCH receive an initital two-week training with a demonstration classroom. This occurs in the summer prior to the beginning of their class in August. These teachers also receive periodic inservice training in their region and a two-day statewide inservice training in February. Teachers in public school classrooms not affiliated with TEACCH are usually drawn from classes for the severely handicapped, trainable mentally retarded, or other similar designation. Occasionally we have provided inservice training for the teachers in classes for the "emotionally handicapped," but these teachers ususally serve a higher functioning group of children. These teachers participate either in a one-week intensive training program in the summer or in a series of four one-day workshops during the school year. For both formats teachers receive follow-up visits to their classrooms in order to help them implement the skills that have been covered in the training.

Contact Person: Janis M. Carroll
Address: Programs for Emotionally Handicapped
Division for Exceptional Children
Department of Public Instruction
Raleigh, North Carolina 27611

Title: Building Skills at the SEA Level for the Identification and Programming for Emotionally Handicapped and Autistic Pupils

Description:

This training activity involves a 2 1/2 day session for some 60 state agency personnel who are responsible for developing and monitoring programs for emotionally handicapped and autistic pupils. The session is designed to:

- provide opportunity for states to assist one another in the resolution of key issues related to the identification, screening, diagnosis, programming and monitoring of programs for emotionally handicapped and autistic pupils.
- provide opportunity for SEA persons to work together to assure that emotionally handicapped and autistic pupils are correctly identified and have appropriate educational programs.
- increase the expertise of SEA consultants as trainers in the screening, identification and diagnosis of seriously emotionally handicapped and autistic pupils.
- train SEA consultants as trainers in specific programming techniques effective with emotionally handicapped and autistic pupils.

- train SEA consultants as teachers in the development of the individual educational programs for emotionally handicapped and autistic pupils.

- develop a network of communication among SEA consultants.

Contact Person: Paul Pattavina
Address: CONSERT Project
P. O. Box 688
University of Texas at Dallas
Dallas, Texas

Title: The CONSERT Project

Description:

The CONSERT project is a competency-based model of effective teaching for systematic inservice training in secondary schools. The project uses a systematic training strategy developed in response to the heterogenous learning needs found to exist among secondary level educators.

CONSERT Model of Training

Phase I — Full staff inservice training

- initial assessment of training needs
- enlist cadre of personnel for workshop training

Phase II — Workshop training for generic skills
On-site consultation with teaching, guidance, and administrative personnel

- identify systemic strengths and weaknesses
- identify motivated staff for further training
- develop training plan re: staff and systemic strengths and weaknesses

Phase III — Specific training to initiate procedure and program development

- promote intra- and inter-departmental interaction to foster "ripple" effect training

Phase IV — Needs assessment survey to identify further and unresolved training needs
Impact questionnaire to determine effects and observations
Activities to assure extension of project objectives

Thus, the model includes: (a) awareness activities and very general level of training; (b) a thorough grounding in effective skills within a "positive-growth" orientation to dealing with emotional and behavioral problems of adolescents in general; (c) the development of demonstration projects and specific implementation skills in key individuals; and (d) a withdrawal phase which emphasized school personnel carrying on the kinds of activities the Project would advocate.

Contact Person: W. L. Shinder
Address: Paraprofessional Assistance in Special Education
Department of Child Development
1300 San Pedro
San Antonio College
San Antonio, Texas 78284

Title: Paraprofessional Assistance in Special Education

Description:

This project provides 12 hours of college credits and is designed to provide both academic and practicum experiences for paraprofessionals who work with handicapped children and youth ages 0-21. The two academic courses are:

CD 322 Introduction to the Special Child
CD 324 Program Planning for the Special Child.

The program of study is designed to provide information about a wide range of handicapping conditions, including children and youth with behavior disorders. Specifically, the students are expected to meet the following objectives:

- develop an understanding of the legal definitions of behavior disorders;
- demonstrates understanding of the variety of causes and symptoms of behavior disorders in children and youth;
- develops skills in behavior modification and body management of aggressive children;
- demonstrates ability to utilize crisis intervention techniques in a classroom setting;
- develops an understanding of educational methods and materials for working with children with behavior disorders.

Contact Person: M. Winston Egan
Address: Department of Special Education
Graduate School of Education
Milton Bannion Hall
The University of Utah
Salt Lake City, Utah 84112

Title: Video Visits

Description:

In conjunction with our instructional television department a series of video tape programs have been produced for use with two special education courses. The tapes have been identified as "Video Visits." They are designed to introduce students to various programs and facilities for disturbed children and youth. In addition, a number of the tapes relate to specific interest areas such as school phobia, and secondary special education. Each "Video Visit" is approximately 20-30 minutes in length. The following programs are currently available.

Egan, M. W., The Runaway: Youth Services. Salt Lake City, Utah: Instructional Television, University of Utah, 1977.

Egan, M. W. The Bust, Second District Juvenile Court and Salt Lake County Detention Center. Salt Lake City, Utah: Instructional Television, University of Utah, 1977.

Ballou, C., & Egan, M. W. Frank and Jan: Adolescent Residential Treatment and Education Center. Salt Lake City, Utah: Instructional Television, University of Utah, 1977.

Egan, M. W. Not Dumb, Just Scared: The School Phobic. Salt Lake City, Utah: Instructional Television, University of Utah, 1979.

Egan, M. W., Carter, R., & Krall, F. R. What Can I Do To Help? Salt Lake City, Utah: Instructional Television, University of Utah, 1979.

Egan, M. W. Troy and Co.: The Jordan Resource Center. Salt Lake City, Utah: Instructional Television, University of Utah, 1977.

Egan, M. W. Boy with a Problem, School with an Answer: Provo Canyon School. Salt Lake City, Utah: Instructional Television, University of Utah, 1976.

Mead, M. & Egan, M. W. Challenging, but Rewarding: Children's Psychiatric Center of Primary Children's Hospital. Salt Lake City, Utah: Instructional Television, University of Utah, 1979.

Egan, M. W. His, Hers, and Ours: The Reconstituted Family. Salt Lake City, Utah: Instructional Television, University of Utah, 1979.

Hoover, R. & Egan, M. W. When Does the Party Start?: The Evaluation of a Self-Contained Classroom for Children with Behavior Disorders. Salt Lake City, Utah: Instructional Television, University of Utah, 1979.

Contact Person: Stephen J. Bavolek
Address: Department of Special Education
University of Wisconsin-Eau Claire
Eau Claire, Wisconsin 54701

Title: Personnel Preparation in the Area of Behavior Disorders at the University of Wisconsin-Eau Claire

Description:

The graduate program in Behavior Disorders at UW-Eau Claire is designed to prepare teachers to work effectively with children and adolescents who exhibit mild to severe behavior and emotional disorders. The program offers coursework and field experiences with behaviorally disordered individuals in public and private schools and residential institutions. Completion of the program leads to teacher certification at either the elementary or secondary level and a Master of Science in Education degree in Special Education (Behavior Disorders). The degree program consists of 30 semester hours. Prerequisite coursework may be required based upon an individual's previous academic and work experiences.

There are two facets to the project:

1.0 To provide 20 summer and 5 academic year traineeships to students seeking to complete certification and degree requirements in Behavior Disorders.

2.0 To develop comprehensive teacher training certification programs at the elementary (K-8) and secondary (7-12) levels to meet the needs of public school and residential programs in rural northern Wisconsin.